

STATE-WIDE PUBLICLY FUNDED MENTAL HEALTH PERFORMANCE INDICATORS

FISCAL YEAR 2003

MENTAL HEALTH DIVISION DECEMBER 2004

Additional copies of this report may be obtained from the DSHS Mental Health Division.

Contact Christina Carter at 1-888-713-6010 or 360-902-0814 or by writing to:

Mental Health Division

PO Box 45320

Olympia, WA 98504-5320

State-Wide Publicly Funded Mental Health Performance Indicators

Fiscal Year 2003

Department of Social and Health Services, Mental Health Division

Olympia, Washington

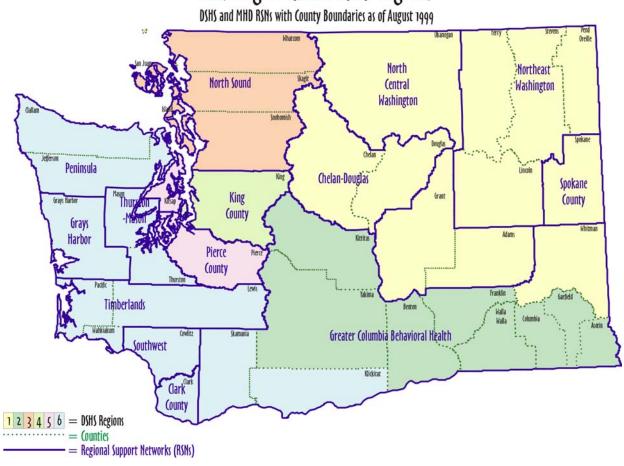
December 2004

Cautions on Comparing Results

The Mental Health Division and the Performance Indicator Workgroup have made significant progress in developing and reporting performance measures. Data standards and definitions have improved, a training website has been developed, and internal and external review processes have been put in place. However issues remain about the comparability of these indicators across RSNs. Improvements in data reporting began during 2001 and 2002, so issues still remain in data reported in 2000. Major policy and practice differences among RSNs, and contextual issues must be understood to properly compare performance measures. Therefore, cross RSN comparisons should be done with caution. The best use of this information is to look at trends over time for individual RSNs or for the state as a whole.

State of Washington Map DSHS/MHD RSN and County Boundaries

Washington State DSHS Regions



<u>Acknowledgements</u>

The Department of Social and Health Services, Mental Health Division would like to acknowledge and thank the Performance Indicator Work Group members who have been working on production of performance indicators for several years.

The Mental Health Division would also like to thank the following individuals for their contributions to this report: Bruce Stegner and Katie Weaver Randall for all of the data reports that were generated and regenerated; Christina Carter and Rita Shaefer for compilation and editing of this report; and Dennis McBride at The Washington Institute for Mental Illness Research and Training (WIMIRT) for conducting the MHSIP Youth/Family Surveys and the Adult Consumer Survey.

This effort was supported in part by funds provided by the U.S. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, through State Indicator Pilot Grant (SM 98-010, WA91-6001088) and State Mental Health Data Infrastructure Grant (SM 01-006, WA91-6001088). We deeply appreciate this financial support.

Table of Contents

State of Washington Map DSHS/MHD RSN and County Boundaries	5
Acknowledgements	6
Table of Contents7	
Section 1: Overview	
System Level Performance Indicators: A Working Definition	
Guide to Navigating the Updated Report Data Discussion	10
Section 2 Trends in Community Outpatient Services (FY2001-2003)	
Access to Services13	
ACCESS I. A. Community Outpatient Penetration Rates	14
ACCESS I. B. Community Outpatient Utilization Rates	16
ACCESS I. C. Community Outpatient Penetration Rates by Age	
ACCESS I. D. Community Outpatient Utilization Rates by Age	
ACCESS I. E. Community Outpatient Penetration Rates by Race/Ethnicity	
ACCESS I. F. Community Outpatient Utilization Rates by Race/Ethnicity	28
ACCESS II. A. Community Outpatient Penetration Rates for Medicaid Population	30
ACCESS II. B. Community Outpatient Utilization Rates for Medicaid Population	
ACCESS II. C. Community Outpatient Penetration Rates by Age for Medicaid Population	
ACCESS II. D. Community Outpatient Utilization Rates by Age for Medicaid Population	
ACCESS III. A. Community Inpatient Penetration Rates	42
ACCESS III. B. Community Inpatient Utilization Rates	44
ACCESS III. C. Community Inpatient Penetration Rates by Age	
ACCESS III. D. Community Inpatient Utilization Rates by Age	
ACCESS III. E. Community Inpatient Penetration Rates by Race/Ethnicity	
ACCESS III. F. Community Inpatient Utilization Rates by Race/Ethnicity	56
ACCESS IV. A. State Hospital Penetration Rates by Age	50
ACCESS IV. A. State Hospital Perietration Rates by Age	
ACCESS IV. C. State Hospital Penetration Rates by Race/Ethnicity	
ACCESS IV. D. State Hospital Utilization Rates by Race/Ethnicity	
ACCESS IV. E. State Hospital Penetration Rates by RSN	
ACCESS IV. F. State Hospital Utilization Rates by RSN	
ACCESS V. A. Youth & Parent Perception of Access by RSN	
ACCESS V. B. Adults' Perception of Access by RSN	72
QUALITY VI. A. Youth and Parent Perception of Quality and Appropriateness by RSN	74
QUALITY VI. B. Adults' Perception of Quality and Appropriateness by RSN	76
QUALITY VI. C. Youth and Parent Perception of Participation in Treatment by RSN	
QUALITY VI. D. Adults' Perception of Participation in Treatment Planning by RSN	80
QUALITY VII. A. Children/Youth Treatment Settings	82
QUALITY VII. B. Outpatient Clients who Received DASA and MHD Services	86
QUALITY VII. C. Clients who Received DASA and MHD Services by Age	
QUALITY VII. D. Clients with Mental Illness & Substance Abuse Disorder	
QUALITY VII. E. Clients with Mental Illness & Substance Abuse Disorder by Age	
QUALITY VILE Adult Outpatient Clients who Reported that they Received Physical Healthcare	98

QUALITY VII. G. Community Clients Received Services 7 & 30 Days After Being Discharged	102
QUALITY VII. I. Community Outpatient Clients Not Hospitalized by RSN	
QUALITY VII. J. Community Outpatient Clients Not Hospitalized by Age	
QUALITY VII. K. Community Outpatient Clients Not Hospitalized by Race/Ethnicity	108
Client Status111	
CLIENT STATUS VIII. A. Employment Status for Adults	112
CLIENT STATUS VIII. B. Volunteer Work for Adults	114
CLIENT STATUS IX. A. Living Situation: Adults Homeless	
CLIENT STATUS IX. B. Living Situation: Adults Independent Living	
CLIENT STATUS IX. C. Living Situation: Children & Youth	
CLIENT STATUS IX. D. Living Situation: Children Homeless	124
Expenditures127	
EXPENDITURES X. A. Expenditures per Consumer for Community Outpatient Services	128
EXPENDITURES X. B. Expenditures per Hour of Community Outpatient Service	
EXPENDITURES XI. A. Expenditures per Consumer for Community Inpatient	132
EXPENDITURES XI. B. Expenditure per Day of Community Inpatient	134
EXPENDITURES XII.A. Percent of Expenditures Spent on Direct Service Costs	136
Section 3: Indicators for Fiscal Year 2003 Access Indicators for Crisis & Outpatient Services System	
OUTPATIENT ACCESS XIII. A. Outpatient Only Penetration Rates	140
OUTPATIENT ACCESS XIII. B. Outpatient Only Utilization Rates	
OUTPATIENT ACCESS XIII. C. Outpatient Only Penetration Rates by Age	
OUTPATIENT ACCESS XIII. D. Outpatient Only Utilization Rates by Age	146
OUTPATIENT ACCESS XIV. A. Outpatient Only Penetration Rates for Medicaid Population	110
OUTPATIENT ACCESS XIV. B. Outpatient Only Utilization Rates for Medicaid Population	140
	150
OUTPATIENT ACCESS XIV. C. Outpatient Only Penetration Rates by Age for Medicaid Population	150 152
OUTPATIENT ACCESS XIV. C. Outpatient Only Penetration Rates by Age for Medicaid Population OUTPATIENT ACCESS XIV. D. Outpatient Only Utilization Rates by Age for Medicaid Population	150 152
OUTPATIENT ACCESS XIV. D. Outpatient Only Utilization Rates by Age for Medicaid Population CRISIS ACCESS XV. A. Crisis Only Penetration Rates	150 152 154 156
OUTPATIENT ACCESS XIV. D. Outpatient Only Utilization Rates by Age for Medicaid Population CRISIS ACCESS XV. A. Crisis Only Penetration Rates	150 152 154 156
OUTPATIENT ACCESS XIV. D. Outpatient Only Utilization Rates by Age for Medicaid Population CRISIS ACCESS XV. A. Crisis Only Penetration Rates	150 152 154 156 160
OUTPATIENT ACCESS XIV. D. Outpatient Only Utilization Rates by Age for Medicaid Population CRISIS ACCESS XV. A. Crisis Only Penetration Rates	150 152 154 156 160
OUTPATIENT ACCESS XIV. D. Outpatient Only Utilization Rates by Age for Medicaid Population CRISIS ACCESS XV. A. Crisis Only Penetration Rates	150 152 154 156 160 162
OUTPATIENT ACCESS XIV. D. Outpatient Only Utilization Rates by Age for Medicaid Population CRISIS ACCESS XV. A. Crisis Only Penetration Rates	150 152 154 156 160 162 164
OUTPATIENT ACCESS XIV. D. Outpatient Only Utilization Rates by Age for Medicaid Population CRISIS ACCESS XV. A. Crisis Only Penetration Rates	150 154 156 158 160 162 164 166
OUTPATIENT ACCESS XIV. D. Outpatient Only Utilization Rates by Age for Medicaid Population CRISIS ACCESS XV. A. Crisis Only Penetration Rates	150154156158160162164164166170
OUTPATIENT ACCESS XIV. D. Outpatient Only Utilization Rates by Age for Medicaid Population CRISIS ACCESS XV. A. Crisis Only Penetration Rates	150154156158160164164166168170 rge172
OUTPATIENT ACCESS XIV. D. Outpatient Only Utilization Rates by Age for Medicaid Population CRISIS ACCESS XV. A. Crisis Only Penetration Rates	150154156158160162164164167174
OUTPATIENT ACCESS XIV. D. Outpatient Only Utilization Rates by Age for Medicaid Population CRISIS ACCESS XV. A. Crisis Only Penetration Rates	150154156158160162164166167170174
OUTPATIENT ACCESS XIV. D. Outpatient Only Utilization Rates by Age for Medicaid Population CRISIS ACCESS XV. A. Crisis Only Penetration Rates	150154156158160162164168170 rge172174

Section 1:

Overview

System Level Performance Indicators: A Working Definition

Performance Indicators provide information on how well a system is doing. The federal *General Accounting Office* defines Performance Measurement as: "The on-going monitoring and reporting of system-wide accomplishments, particularly progress toward pre-established goals...conducted by the program or agency management (GAO, 1988)." The Washington State Department of Social and Health Services utilize the Mental Health Statistics Improvement Program (MHSIP) paradigm to understand the domains of mental health information:

- WHO receives services (gets)
- WHAT types of services are delivered (from)
- WHOM staffing patterns (at what)
- COST fiscal viability

Outcome Measures provide specific client-level information on the results of services:

 OUTCOMES: What happens to the individual as a RESULT of the mental health care they receive?

Performance Indicators

- Provide information on the number of clients accessing services; how services are delivered; which outcomes or goals are achieved; and how dollars are spent.
- Reflect agreed upon values and goals.
- Are clear, reliable (results the same each time) and valid (measure used is measuring what it says).
- Help system managers and system payers understand trends in service delivery systems and change across time.
- Provide feedback on system accountability and have the potential to improve quality and services.

People or Groups interested in Performance Indicators may include:

- Mental Health Division staff
- Consumers
- Family members
- Advocates
- Regional Support Networks (RSNs)
- Legislators
- Hospital and community providers
- Federal funding sources/oversight (HCFA, JCAHC)
- Other Federal programs (NASMHPD, MHSIP, CMHS)
- Other interested parties

Guide to Navigating the Updated Report

Sections 1 and 2 are similar to previous reports, and can be used to look at trends over time. The cross-walk in the appendix (page 191) walks indicators listed in this report to indicators listed in previous reports, and should be used if trying to compare across reports.

Section 3 beginning on page 143, is new to this report. It only includes information on FY03. This section looks at services delivered to consumers who received only crisis services, and those who received general outpatient services. It also includes indicators looking at client change over time in employment and homelessness.

Data Discussion

To define and develop System-wide Performance Indicators, three things must be considered:

- available or collectable information (what data do we have?)
- the process of describing and interpreting the information (what does the data mean?)
- and the application and use of the finished indicator (how will the information be used?)

Performance Indicators for the Washington State mental health system come from a combination of the following five data systems for mental health services and surveys:

- the Mental Health Division Consumer Information System (MHD-CIS)
- the State Psychiatric Hospital data base Health Integrated Information System (HIIS)
- the Medicaid Management Information System payment data base (MMIS)

- the Mental Health Statistics Improvement Project (MHSIP), Youth Services Survey (YSS), the Youth Services Survey for Families (YSS-F); and the Adult Consumer Survey (ACS).
- the Department of Social and Health Services (DSHS) Research and Data Analysis (RDA) Client Services Database (CSDB).

The data that describes the number and type of services received is conducted in one or more of the major three databases. Service data provides a picture of each client's mental health service use within a Fiscal Year.

The survey data is based on statewide surveys conducted by the Washington Institute for Mental Illness Research and Training (WIMIRT) for the Mental Health Division. Copies of the following reports are available at the Mental Health Division's website http://www1.dshs.wa.gov/Mentalhealth or on WIMIRT's Webpage http://depts.washington.edu/wimirt/Publications.htm.

- <u>Children with Special Needs Survey 2001</u> by Dennis McBride, Curt Malloy, Julie Jensen, Matthew Reid-Schwartz, and Genevieve Smith;
- <u>Toolkit for Children's Survey 2002</u> by Dennis McBride, Jonathan Lindsay, Genevieve Smith, and Curt Malloy; and
- <u>Perceptions of Mental Health Services 2002 Adult Consumer Survey</u> by Dennis McBride, Curt Malloy, Jonathan Lindsay, and Genevieve Smith
- <u>Perceptions of Mental Health Services 2004 Adult Consumer Survey</u> by Dennis McBride, Curt Malloy, Jonathan Lindsay, and Genevieve Smith

The indicators display the RSNs in the order of their population, from the smallest to the largest. The data notes section of the report describes:

- Special definitions used in the indicators,
- Differences in RSN service delivery systems,
- Any other information that provides background for the data being reported.

Each chart lists a calculation date at the top. This is the date that the data was pulled from the database and the indicator was calculated. The data for this report were pulled between March and November of 2004

In January 2002 the RSNs began reporting services data to the Mental Health Division using Current Procedural Terminology (CPT) codes and National Association of State Mental Health Program Directors (NASMHPD) temporary codes. In Section 2, to make the 2002 services data comparable to the services data received prior to 2002, some of the NASMHPD temporary codes have been excluded from the 2002 data. The excluded NASMHPD temporary codes are crisis hotline calls (code 00012), 24-hour crisis services (code 00010, 00033), and residential services (codes 00025-00032, 00034, 00036). These codes are excluded because these services are inconsistently reported across the state and are believed not to have been reported prior to January 2002. Although these services were removed from Section 2 of this report, they are still included in the RSN Revenue and Expenditure reports that are used to create the Expenditure Indicators.

Section 3 of the report breaks out Outpatient Only clients and Crisis Only clients. Outpatient only clients are defined as clients who receive some amount of outpatient services in the FY2003. If a client only received crisis services in FY2003, they would not be covered in the outpatient only indicators. Crisis only clients are defined as clients who only received crisis services (NASMHPD temporary codes 00009 and 00011) in FY2003 and who did not receive any amount of outpatient services. Crisis services are defined by NASMHPD temporary codes 00009 and 00011.

Throughout the report <u>Medicaid Enrolled</u> refers to all people who are currently enrolled in the Medicaid program and who receive publicly funded Mental Health services.

Data is recalculated for each version of the Performance Indicator report. Because the data used to generate the Performance Indicators is continuously updated there may be slight discrepancies in the reports from year to year.

Section 2:

Trends in Community Outpatient Services (FY2001-2003)



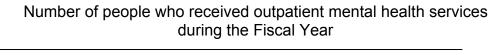
ACCESS I. A. Community Outpatient Penetration Rates

A. Operational Definition: The proportion of people in the general population who received publicly funded outpatient mental health services in the Fiscal Year by RSN.

Rationale for Use: Penetration rates provide information on the number of people who received one or more mental health services relative to the general population. Penetration rates also provide information on whether the system is responsive to different client populations (i.e., different age groups) and allows comparisons to other State mental health data to help understand access across State mental health systems.

Operational Measures: This is calculated by dividing the number of people who received outpatient mental health services during the Fiscal Year by the number of people in the general population (census and estimated census).

Formula:

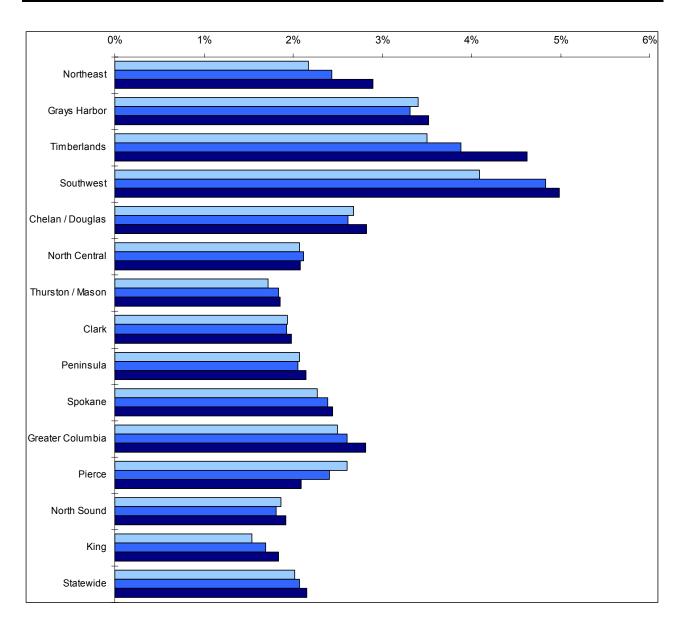


Number of people in the general population during the Fiscal Year

Discussion: The penetration rates by RSN and Statewide show the total population of each RSN and the State. Overall, the number of people served by the Mental Health system has increased.

- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- The statewide count shows the number of unduplicated clients within the state (i.e. a person is counted only once in the state even if they received services at multiple RSNs).
- ▶ The RSN count shows the number of unduplicated clients within each RSN (i.e., a person is counted once in each RSN where they receive services).
- Counts are of people, not admissions, episodes, or units of service.
- Population numbers for Fiscal Year 2001, 2002 and 2003 are based on Washington State's Office of Financial Management (OFM) estimates from the 2000 Census.

Access I. A.					Calc. SAS 11/30/0					
RSN	<u>FY01</u>				FY02			FY03		
KON	Served	Population	Rate	Served	Population	Rate	Served	Population	Rate	
Northeast	1,514	69,600	2.2%	1,696	69,700	2.4%	2,008	69,242	2.9%	
Grays Harbor	2,333	68,500	3.4%	2,263	68,400	3.3%	2,368	67,194	3.5%	
Timberlands	3,301	94,300	3.5%	3,686	95,000	3.9%	4,319	93,408	4.6%	
Southwest	3,841	93,900	4.1%	4,565	94,400	4.8%	4,631	92,948	5.0%	
Chelan / Douglas	2,676	99,900	2.7%	2,630	100,700	2.6%	2,799	99,219	2.8%	
North Central	2,744	132,200	2.1%	2,810	132,800	2.1%	2,721	130,690	2.1%	
Thurston / Mason	4,457	259,800	1.7%	4,822	262,100	1.8%	4,768	256,760	1.9%	
Clark	6,838	352,600	1.9%	7,015	363,400	1.9%	6,848	345,238	2.0%	
Peninsula	6,714	324,300	2.1%	6,701	326,200	2.1%	6,920	322,447	2.1%	
Spokane	9,587	422,400	2.3%	10,187	425,600	2.4%	10,203	417,939	2.4%	
Greater Columbia	15,104	605,600	2.5%	15,928	611,100	2.6%	16,875	599,730	2.8%	
Pierce	18,569	713,400	2.6%	17,440	725,000	2.4%	14,649	700,820	2.1%	
North Sound	18,283	980,100	1.9%	17,992	993,000	1.8%	18,439	961,452	1.9%	
King	27,006	1,758,300	1.5%	29,957	1,774,300	1.7%	31,889	1,737,034	1.8%	
Statewide	120,675	5,974,900	2.0%	125,110	6,041,700	2.1%	126,867	5,894,121	2.2%	



ACCESS I. B. Community Outpatient Utilization Rates

B. Operational Definition: Average number of outpatient service hours per consumer by RSN for a Fiscal Year.

Rationale for Use: The average number of hours of outpatient services for each consumer per Fiscal Year provides information on the average amount of services received. Combined with penetration rate, the utilization rate describes the intensity of mental health service delivery.

Operational Measure: This is calculated by dividing the total number of outpatient hours by the total number of people receiving outpatient services in a Fiscal Year.

Formulas:

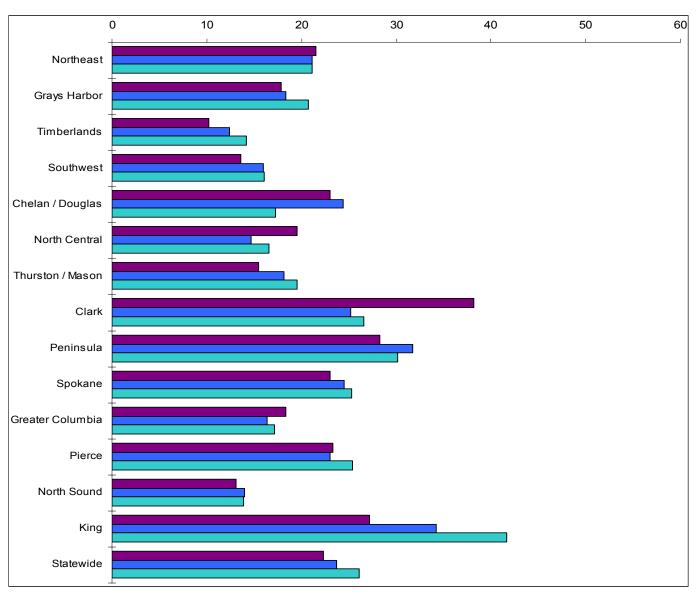
Number of outpatient hours in a Fiscal Year by RSN

Number of people who received outpatient mental health services in a Fiscal Year by RSN

Discussion: The table shows the total number of consumers in the RSN who received outpatient services and the total number of hours of outpatient services delivered. By dividing the two numbers, the average hours of outpatient services per client is calculated.

- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- The State total is unduplicated clients across all RSNs (i.e., each person is only counted once in the State).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services).

Community Ou	tpatient l	Jtilization	Rates - 0	General P	opulation				
Access IB.								Calc SA	S 11/30/04
RSN	Served	FY01 Total Hours	Avg. Hours	Served	FY02 Total Hours	Avg. Hours	Served	FY03 Total Hours	Avg. Hours
Northeast	1,514	32,550	21.5	1,696	35,771	21.1	2,008	42,393	21.1
Grays Harbor	2,333	41,646	17.9	2,263	41,476	18.3	2,368	49,118	20.7
Timberlands	3,301	33,692	10.2	3,686	45,552	12.4	4,319	61,308	14.2
Southwest	3,841	52,151	13.6	4,565	73,077	16.0	4,631	74,514	16.1
Chelan / Douglas	2,676	61,453	23.0	2,630	64,283	24.4	2,799	48,437	17.3
North Central	2,744	53,608	19.5	2,810	41,310	14.7	2,721	45,064	16.6
Thurston / Mason	4,457	69,060	15.5	4,822	87,362	18.1	4,768	93,241	19.6
Clark	6,838	261,034	38.2	7,015	176,506	25.2	6,848	182,137	26.6
Peninsula	6,714	190,003	28.3	6,701	212,653	31.7	6,920	208,532	30.1
Spokane	9,587	220,742	23.0	10,187	249,231	24.5	10,203	257,857	25.3
Greater Columbia	15,104	277,049	18.3	15,928	261,197	16.4	16,875	289,143	17.1
Pierce	18,569	433,060	23.3	17,440	401,108	23.0	14,649	372,074	25.4
North Sound	18,283	238,725	13.1	17,992	251,919	14.0	18,439	255,413	13.9
King	27,006	732,619	27.1	29,957	1,024,512	34.2	31,889	1,328,390	41.7
Statewide	120,675	2,697,392	22.4	125,110	2,965,959	23.7	126,867	3,307,619	26.1



ACCESS I.C. Community Outpatient Penetration Rates by Age

C. Operational Definition: The proportion of people in the general population who received publicly funded outpatient mental health services by RSN by age group for a Fiscal Year.

Rationale for Use: Penetration rates by age group provide information on the number of children, adults, and elders who received mental health services relative to children, adults, and older adults in the general population, and allows comparison to other State mental health data to help understand access across the State mental health system.

Operational Measure: This is calculated by dividing the number of people in each age group who received outpatient mental health services by the number of people in the general population in that same age group during the Fiscal Year.

Formula:

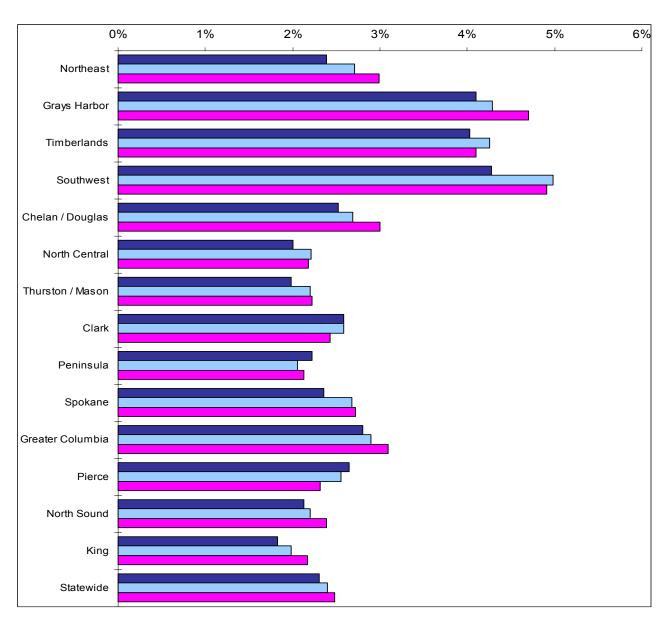
Number of people who received outpatient mental health services during the Fiscal Year {0-17, 18-59, 60+}

Number of people in the general population during the Fiscal Year {0-17, 18-59, 60+}

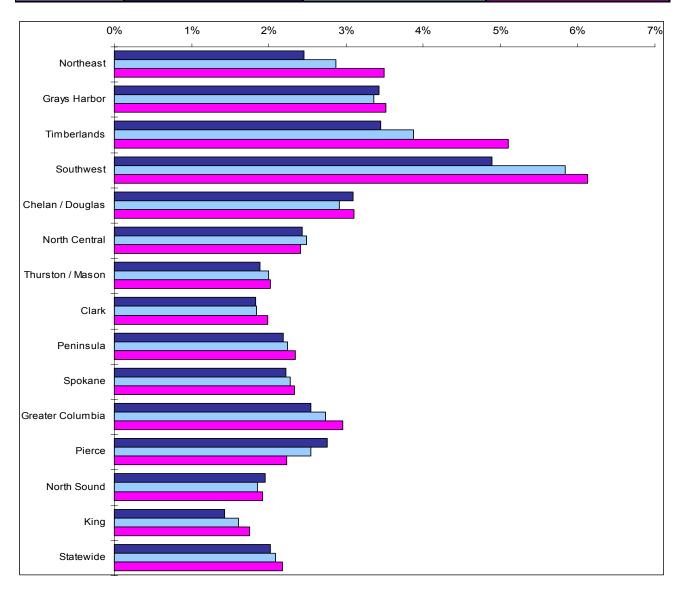
Discussion: The penetration rates by RSN and Statewide show the general population by age group for each RSN and the State. The number of youth and adults receiving mental health services has increased, while the number of older adults receiving mental health services has remained stable.

- Clark RSN has received additional funding to provide children's services.
- Age is calculated as of January 1st, yyyy for each Fiscal Year.
- Age counts are unduplicated.
- ▶ 2002 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- The State total is unduplicated clients across all RSNs (i.e., each person is only counted once in the Statewide total).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., a person is counted once in <u>each</u> RSN where they receive services).
- The statewide count shows the number of unduplicated clients within the state (i.e. a person is counted only once in the state even if they received services at multiple RSNs).
- Counts are of people, not admissions, episodes, or units of service.
- Population numbers for Fiscal Year 2001, 2002, and 2003 are based on Washington State's Office of Financial Management (OFM) estimates from the 2000 Census.

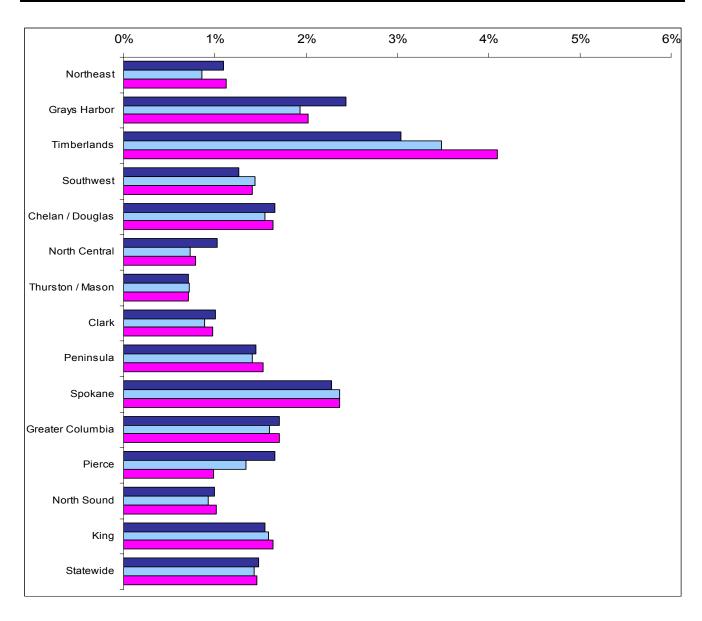
Community Ou	ıtpatient	Penetratio	on Rates	by Age `	Youth (0-1	7 yrs) - (General F	opulation	า	
Access I.C. Youth							Calc. SAS 11/30/04			
DON		FY01			FY02			FY03		
RSN	Served	Population	Rate	Served	Population	Rate	Served	Population	Rate	
Northeast	454	19,001	2.4%	509	18,803	2.7%	572	19,106	3.0%	
Grays Harbor	714	17,411	4.1%	736	17,187	4.3%	811	17,251	4.7%	
Timberlands	950	23,592	4.0%	1,000	23,493	4.3%	967	23,601	4.1%	
Southwest	1,065	24,910	4.3%	1,234	24,764	5.0%	1,224	24,905	4.9%	
Chelan / Douglas	711	28,172	2.5%	756	28,108	2.7%	846	28,238	3.0%	
North Central	814	40,619	2.0%	892	40,400	2.2%	883	40,493	2.2%	
Thurston / Mason	1,272	64,272	2.0%	1,412	64,137	2.2%	1,427	64,146	2.2%	
Clark	2,586	100,216	2.6%	2,645	102,296	2.6%	2,403	98,985	2.4%	
Peninsula	1,801	81,024	2.2%	1,654	80,594	2.1%	1,729	81,372	2.1%	
Spokane	2,541	107,612	2.4%	2,872	107,287	2.7%	2,922	107,500	2.7%	
Greater Columbia	4,845	172,845	2.8%	4,997	172,618	2.9%	5,341	172,625	3.1%	
Pierce	5,081	192,323	2.6%	4,937	193,578	2.6%	4,408	190,569	2.3%	
North Sound	5,474	257,014	2.1%	5,667	257,865	2.2%	6,064	254,406	2.4%	
King	7,150	391,885	1.8%	7,745	391,515	2.0%	8,462	390,646	2.2%	
Statewide	35,061	1,520,895	2.3%	36,590	1,522,647	2.4%	37,547	1,513,843	2.5%	



Access I.C. Adults								Calc. SAS	S 11/30/04
DON		FY01			FY02			FY03	
RSN	Served	Population	Rate	Served	Population	Rate	Served	Population	Rate
Northeast	911	37,075	2.5%	1,070	37,236	2.9%	1,284	36,728	3.5%
Grays Harbor	1,279	37,335	3.4%	1,256	37,376	3.4%	1,285	36,493	3.5%
Timberlands	1,703	49,417	3.4%	1,934	49,923	3.9%	2,489	48,759	5.1%
Southwest	2,564	52,471	4.9%	3,085	52,877	5.8%	3,175	51,765	6.1%
Chelan / Douglas	1,675	54,260	3.1%	1,599	54,821	2.9%	1,670	53,716	3.1%
North Central	1,712	70,289	2.4%	1,760	70,808	2.5%	1,670	69,238	2.4%
Thurston / Mason	2,880	152,849	1.9%	3,097	154,543	2.0%	3,042	150,573	2.0%
Clark	3,786	206,748	1.8%	3,945	213,544	1.8%	4,012	201,831	2.0%
Peninsula	4,059	185,600	2.2%	4,204	187,135	2.2%	4,315	183,899	2.3%
Spokane	5,502	247,105	2.2%	5,687	249,470	2.3%	5,701	243,787	2.3%
Greater Columbia	8,715	342,324	2.5%	9,457	346,379	2.7%	10,011	337,983	3.0%
Pierce	11,654	423,440	2.8%	10,984	431,136	2.5%	9,246	414,860	2.2%
North Sound	11,408	583,669	2.0%	10,995	592,519	1.9%	10,991	570,893	1.9%
King	16,072	1,122,212	1.4%	18,212	1,133,727	1.6%	19,432	1,106,531	1.8%
Statewide	72,148	3,564,795	2.0%	75,297	3,611,493	2.1%	76,399	3,507,056	2.2%



Community Out	patient P	enetration	Rates	by Age - C	ider Adult	וו דטט) צ	s.) - Gene	erai Popul	alion
Access I.C. Older Ad	lults							Calc S	AS 11/30/04
RSN		FY01			FY02			FY03	
KON	Served	Population	Rate	Served	Population	Rate	Served	Population	Rate
Northeast	148	13,524	1.1%	117	13,660	0.9%	151	13,408	1.1%
Grays Harbor	335	13,754	2.4%	268	13,837	1.9%	272	13,450	2.0%
Timberlands	648	21,291	3.0%	752	21,585	3.5%	863	21,048	4.1%
Southwest	209	16,519	1.3%	241	16,759	1.4%	230	16,278	1.4%
Chelan / Douglas	290	17,468	1.7%	275	17,770	1.5%	283	17,266	1.6%
North Central	218	21,292	1.0%	158	21,592	0.7%	166	20,959	0.8%
Thurston / Mason	304	42,679	0.7%	313	43,420	0.7%	298	42,071	0.7%
Clark	459	45,637	1.0%	423	47,560	0.9%	432	44,422	1.0%
Peninsula	838	57,676	1.5%	826	58,471	1.4%	876	57,176	1.5%
Spokane	1,543	67,683	2.3%	1,628	68,843	2.4%	1,578	66,652	2.4%
Greater Columbia	1,543	90,430	1.7%	1,472	92,103	1.6%	1,522	89,122	1.7%
Pierce	1,614	97,637	1.7%	1,350	100,286	1.3%	942	95,391	1.0%
North Sound	1,389	139,418	1.0%	1,326	142,615	0.9%	1,382	136,153	1.0%
King	3,779	244,203	1.5%	3,962	249,058	1.6%	3,930	239,857	1.6%
Statewide	13,195	889,210	1.5%	12,987	907,560	1.4%	12,792	873,253	1.5%



ACCESS I. D. Community Outpatient Utilization Rates by Age

D. Operational Definition: Average number of outpatient service hours per consumer by age group for a Fiscal Year.

Rationale for Use: This indicator provides information on the amount of services received by children, adults, and older adults. Combined with penetration rate, the utilization rate describes the intensity of mental health service delivery. Examining this data by age provides an additional understanding of the difference in the amount of service delivered to children, adults, and older adults.

Operational Measure: This indicator is calculated by dividing the total number of outpatient hours for each age group in a Fiscal Year by the total count of people in each age group receiving outpatient services in a Fiscal Year.

Formulas:

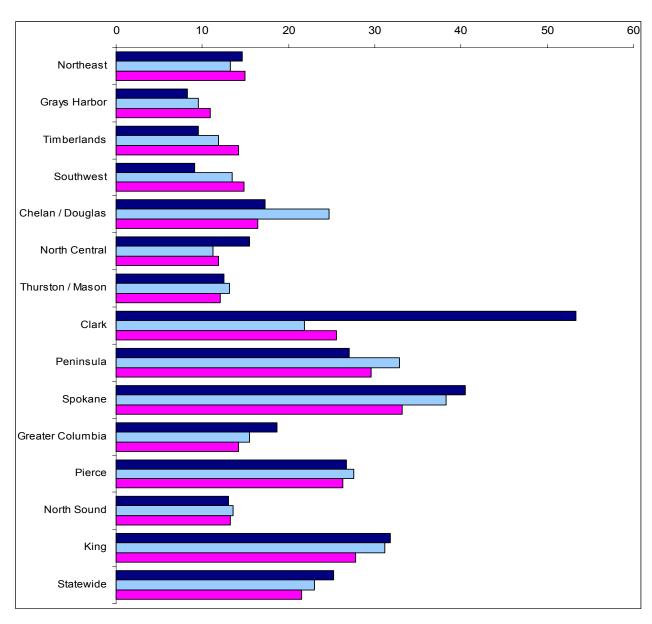
Number of outpatient hours in Fiscal Year by age group {0-17, 18-59, 60+}

Number of people who received mental health services in Fiscal Year by age group {0-17, 18-59, 60+}

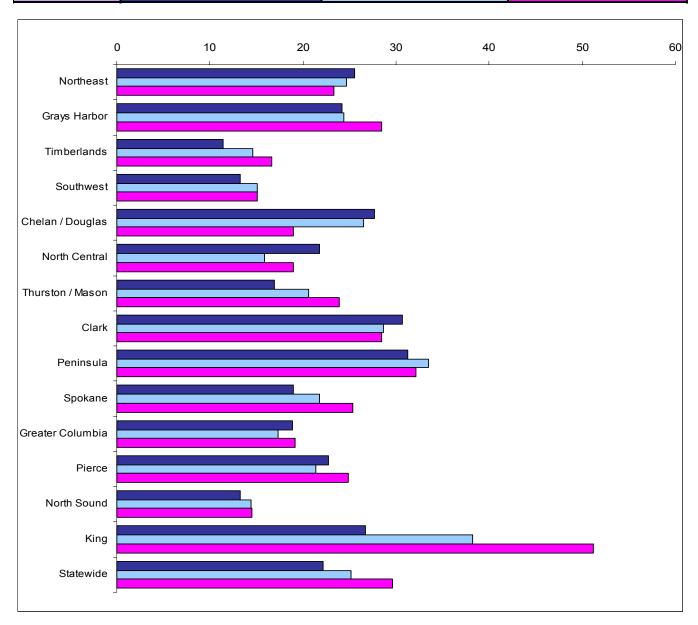
Discussion: The table shows the amount of mental health services received by different age groups. The table shows that the average number of outpatient hours for adults and older adults has increased while the average number of outpatient hours for children decreased. At the same time, the number of youth and adults receiving services has increased.

- Clark RSN has received additional funding to provide children's services.
- ▶ 2002 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- King RSN began reporting crisis services in 2001
- Age is calculated as of January 1st for each Fiscal Year.
- ▶ The State total is unduplicated clients across all RSNs.
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services).

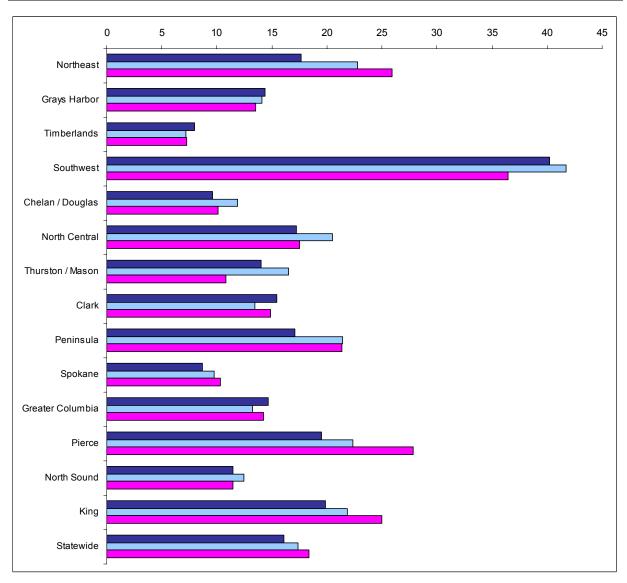
Community Out	oatient Uti	lization R	ates b	y Age - Y	outh (0-17	') - Gen	eral Popi	ulation	
Access I.D. Youth								Calc. SAS	11/30/04
RSN		FY01			FY02			FY03	
KON	Served	Hours	Rate	Served	Hours	Rate	Served	Hours	Rate
Northeast	454	6,640	14.6	509	6,733	13.2	572	8,535	14.9
Grays Harbor	714	5,894	8.3	736	7,056	9.6	811	8,830	10.9
Timberlands	950	9,068	9.5	1,000	11,882	11.9	967	13,698	14.2
Southwest	1,065	9,745	9.2	1,234	16,567	13.4	1,224	18,155	14.8
Chelan / Douglas	711	12,258	17.2	756	18,656	24.7	846	13,881	16.4
North Central	814	12,611	15.5	892	10,059	11.3	883	10,496	11.9
Thurston / Mason	1,272	15,959	12.5	1,412	18,487	13.1	1,427	17,269	12.1
Clark	2,586	137,802	53.3	2,645	57,774	21.8	2,403	61,373	25.5
Peninsula	1,801	48,640	27.0	1,654	54,277	32.8	1,729	51,200	29.6
Spokane	2,541	102,828	40.5	2,872	109,776	38.2	2,922	97,084	33.2
Greater Columbia	4,845	90,322	18.6	4,997	77,504	15.5	5,341	75,903	14.2
Pierce	5,081	135,753	26.7	4,937	136,158	27.6	4,408	115,829	26.3
North Sound	5,474	71,231	13.0	5,667	76,654	13.5	6,064	80,515	13.3
King	7,150	227,521	31.8	7,745	241,247	31.1	8,462	235,179	27.8
Statewide	35,061	886,269	25.3	36,590	842,830	23.0	37,547	807,947	21.5



Community Outpatient Utilization Rates by Age - Adults (18-59) - General Population											
Access I.D. Adults								Calc.S	AS 11/30/04		
RSN		FY01			FY02		FY03				
KON	Served	Hours	Rate	Served	Hours	Rate	Served		Rate		
Northeast	911	23,294	25.6	1,070	26,377	24.7	1,284	29,946	23.3		
Grays Harbor	1,279	30,910	24.2	1,256	30,628	24.4	1,285	36,605	28.5		
Timberlands	1,703	19,435	11.4	1,934	28,271	14.6	2,489	41,334	16.6		
Southwest	2,564	33,999	13.3	3,085	46,433	15.1	3,175	47,968	15.1		
Chelan / Douglas	1,675	46,411	27.7	1,599	42,351	26.5	1,670	31,703	19.0		
North Central	1,712	37,249	21.8	1,760	28,014	15.9	1,670	31,641	18.9		
Thurston / Mason	2,880	48,832	17.0	3,097	63,706	20.6	3,042	72,750	23.9		
Clark	3,786	116,092	30.7	3,945	113,043	28.7	4,012	114,295	28.5		
Peninsula	4,059	126,877	31.3	4,204	140,574	33.4	4,315	138,593	32.1		
Spokane	5,502	104,534	19.0	5,687	123,601	21.7	5,701	144,452	25.3		
Greater Columbia	8,715	164,051	18.8	9,457	164,194	17.4	10,011	191,515	19.1		
Pierce	11,654	265,319	22.8	10,984	234,479	21.3	9,246	229,816	24.9		
North Sound	11,408	151,528	13.3	10,995	158,685	14.4	10,991	159,044	14.5		
King	16,072	429,860	26.7	18,212	696,729	38.3	19,432	994,885	51.2		
Statewide	72,148	1,598,391	22.2	75,297	1,897,082	25.2	76,399	2,264,549	29.6		



Community Out	Community Outpatient Utilization Rates by Age - Older Adults (60+ Yrs.) - General Population											
Access I.D. Older Ad	dults							Calc. SA	AS 11/30/04			
RSN	FY01			FY02			FY03					
KON	Served	Hours	Rate	Served	Hours	Rate	Served	Hours	Rate			
Northeast	148	2,615	17.7	117	2,662	22.8	151	3,909	25.9			
Grays Harbor	335	4,830	14.4	268	3,786	14.1	272	3,683	13.5			
Timberlands	648	5,189	8.0	752	5,399	7.2	863	6,276	7.3			
Southwest	209	8,401	40.2	241	10,054	41.7	230	8,386	36.5			
Chelan / Douglas	290	2,785	9.6	275	3,277	11.9	283	2,853	10.1			
North Central	218	3,749	17.2	158	3,237	20.5	166	2,910	17.5			
Thurston / Mason	304	4,267	14.0	313	5,170	16.5	298	3,216	10.8			
Clark	459	7,095	15.5	423	5,683	13.4	432	6,431	14.9			
Peninsula	838	14,332	17.1	826	17,725	21.5	876	18,739	21.4			
Spokane	1,543	13,379	8.7	1,628	15,853	9.7	1,578	16,311	10.3			
Greater Columbia	1,543	22,673	14.7	1,472	19,494	13.2	1,522	21,722	14.3			
Pierce	1,614	31,534	19.5	1,350	30,207	22.4	942	26,248	27.9			
North Sound	1,389	15,878	11.4	1,326	16,540	12.5	1,382	15,852	11.5			
King	3,779	75,136	19.9	3,962	86,467	21.8	3,930	98,183	25.0			
Statewide	13,195	211,862	16.1	12,987	225,555	17.4	12,792	234,719	18.3			



ACCESS I. E. Community Outpatient Penetration Rates by Race/Ethnicity

E. Operational Definition: The proportion of people in the general population of different ethnic groups who received publicly funded outpatient mental health services for a Fiscal Year.

Rationale for Use: Penetration rates by Race/Ethnicity provide information on the proportion of ethnic minorities who received mental health services compared to the rate of ethnic minorities in the general population, and allows comparison with other State mental health data to help understand access across the State mental health system.

Operational Measure: This is calculated by dividing the number of people who received mental health services in each Race/Ethnicity by the number of people in the general population in that same Race/Ethnicity in the Fiscal Year.

Formula:

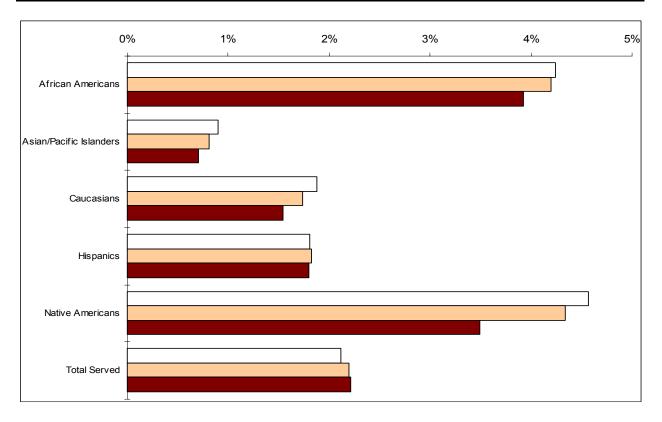
Number of people who received outpatient mental health services during the Fiscal Year {Asian/Pac. Islander, Afr.American, Caucasian, Hispanic, Nat. American}

Number of people in the general population during the Fiscal Year {Asian/Pac. Islander, Afr.American, Caucasian, Hispanic, Nat. American}

Discussion: The penetration rates for ethnic minorities show similar patterns across the three Fiscal Years. African Americans and Native Americans have a higher penetration rate than other ethnic minority groups. RSN rates show a similar pattern. It is important to note this graph uses the same population numbers across FY01 and FY02. The actual penetration rates may be slightly higher in Fiscal Year 2001 and Fiscal Year 2002 than reflected in this report. However, the pattern should remain stable.

- Race/ethnicity is calculated using the data elements of ethnicity and Hispanic origin. If Hispanic origin is reported as positive, then the individual is counted as Hispanic, and in no other category. In CY2002 multiracial is included in the other category.
- If a client has more than one ethnicity reported during a Fiscal Year, then the most recent ethnicity is used.
- State totals include individuals with ethnicity listed as "other" and who have no ethnicity reported.
- OFM estimates for ethnicity were only available for 2003. Fiscal Year 2000 census numbers are used for Fiscal Year 2001 and 2002.
- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- The State total is unduplicated clients across all RSNs (i.e., each person is only counted once in the Statewide total).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., a person is counted once in each RSN where they receive services).
- Counts are of people, not admissions, episodes, or units of service.

,	o a tp atici	iti ciictiat	ion ital	es by Ital	ce/Ethnici	Ly			
Access I.E.						Calc. S	AS 11/30/04		
Race/Ethnicity		FY01			FY02		FY03		
Race/Elimicity	Served	Population	Rate	Served	Population	Rate	Served	Population	Rate
African						4.2%			
Americans	7,834	184,631	4.2%	7,748	184,631	4.2/0	7,460	190,267	3.9%
Asian/Pacific						0.8%			
Islanders	3,065	342,180	0.9%	2,784	342,180	0.6%	2,430	346,288	0.7%
Caucasians	87,522	4,652,490	1.9%	80,973	4,652,490	1.7%	71,716	4,652,490	1.5%
Hispanics	7,998	441,509	1.8%	8,041	441,509	1.8%	7,959	441,509	1.8%
Native						4 20/			
Americans	3,900	85396	4.6%	3,706	85,396	4.3%	3,260	93,301	3.5%
Total Served	120,675	5,706,206	2.1%	125,110	5,706,206	2.2%	126,867	5,723,855	2.2%



ACCESS I. F. Community Outpatient Utilization Rates by Race/Ethnicity

F. Operational Definition: Average number of outpatient service hours per consumer Statewide by Race/Ethnicity for a Fiscal Year.

Rationale for Use: This indicator provides information on the amount of services received. Combined with penetration rate, the utilization rate describes the intensity of mental health service delivery. Examining this data by Race/Ethnicity provides an additional understanding of the difference in the amount of service delivered to people in different ethnic groups.

Operational Measure: This indicator is calculated by dividing the total number of outpatient hours by the total unduplicated count of people receiving outpatient services for each ethnic group.

Formulas:

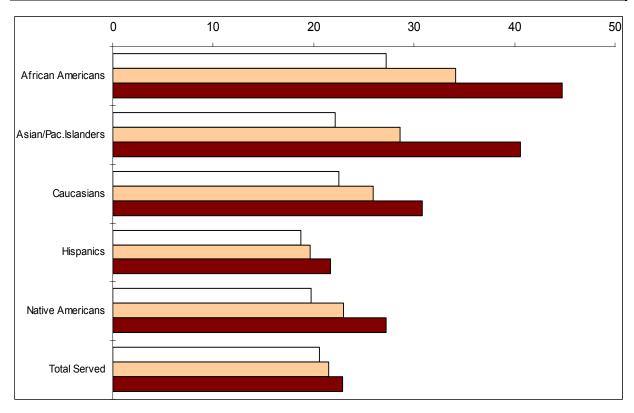
Number of outpatient hours in Fiscal Year by Race/Ethnicity
{Asian/Pac. Islander, Afr.American, Caucasian, Hispanic, Nat. American}

Number of outpatient clients in Fiscal Year by Race/Ethnicity
{Asian/Pac. Islander, Afr. American, Caucasian, Hispanic, Nat. American}

Discussion: Although people who are Caucasian receive the bulk of services the utilization rates for ethnic minorities are relatively stable across the three Fiscal Years. In Fiscal Year 2002, and 2003 the amount of services across all groups increases.

- Race/ethnicity is calculated using the data elements of ethnicity and Hispanic origin. If Hispanic origin is reported as positive, then the individual is counted as Hispanic, and in no other category. In FY2002 and FY2003 multiracial is included in the other category.
- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- If a client has more than one ethnicity reported during a Fiscal Year, then the most recent ethnicity is used
- ▶ The State total is unduplicated clients across all RSNs.
- State totals include individuals with ethnicity listed as "other".

Commu	Community Oupatient Utilization Rates by Race/Ethnicity - General Population											
Access I. F	Access I. F. Calc. SAS 11/3											
Race/		FY01			FY02		<u>FY03</u>					
Ethnicity	Served	Total Hours	Avg. Hours	Served	Total Hours	Avg. Hours	Served	Total Hours	Avg. Hours			
African Americans	7,834	213,461	27.2	7,748	264,461	34.1	7,460	333,751	44.7			
Asian/Pac.I slanders	3,065	67,826	22.1	2,784	79,544	28.6	2,430	98,679	40.6			
Caucasians	87,522	1,971,455	22.5	80,973	2,101,225	25.9	71,716	2,206,800	30.8			
Hispanics	7,998	149,650	18.7	8,041	157,901	19.6	7,959	172,510	21.7			
Native Americans	3,900	76,990	19.7	3,706	85,027	22.9	3,260	88,724	27.2			
Total Served	120,675	2,479,381	20.5	125,110	2,688,159	21.5	126,867	2,900,464	22.9			



ACCESS II. A. Community Outpatient Penetration Rates for Medicaid Population

A. Operational Measure: The proportion of people in the Medicaid population who received publicly funded outpatient mental health services by RSN and Statewide for a Fiscal Year.

Rationale: Penetration rates for the Medicaid population provide information on the number of Medicaid enrollees who received one or more mental health services relative to the State Medicaid population. Penetration rates also provide information on whether the system is responsive to the Medicaid population and allows comparison with other State mental health data to help understand access across the State mental health system.

Operational Measure: This is calculated by dividing the number of Medicaid enrollees who received outpatient mental health services by the number of people in the Medicaid population during a Fiscal Year.

Formula:

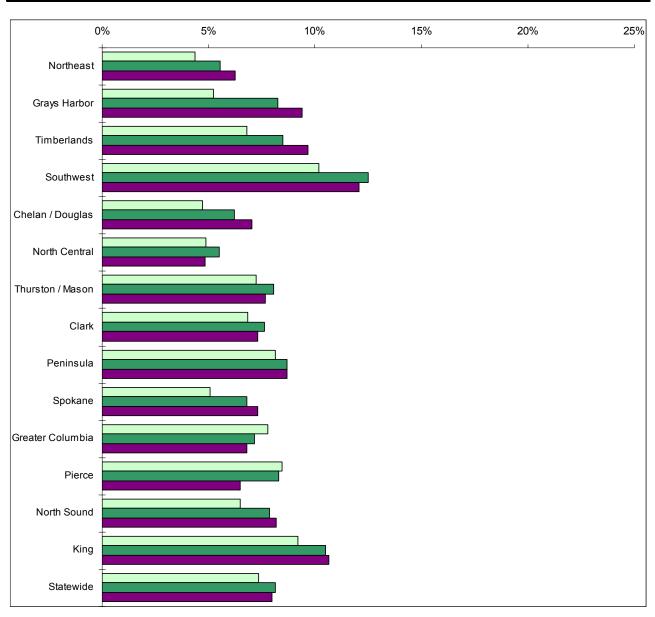
Number of Medicaid enrollees who received outpatient mental health services during the Fiscal Year

Number of people in the Medicaid population in the Fiscal Year

Discussion: The penetration rates by RSN and Statewide show the Medicaid population of each RSN and the State compared to the Medicaid enrollees served in Fiscal Year 2001, 2002, and 2003. In this measure, each Medicaid enrolled person is counted only once, even if he/she uses more than one service. The table shows an overall increase in the number of people in the Medicaid population receiving mental health services.

- A client is considered to be in the Medicaid enrolled population for the entire Fiscal Year if they received any amount of Medicaid funded service during that Fiscal Year.
- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- ▶ The State total is unduplicated clients across all RSNs (i.e., each person is only counted once in the Statewide total).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., a person is counted once in each RSN where they receive services).
- Counts are of people, not admissions, episodes, or units of service.

Access II. A.	Access II. A. Calc. SAS 11/3										
RSN	Served	FY01 Enrolled	Rate	Served	FY02 Enrolled	Rate	Served	FY03 Enrolled	Rate		
Northeast	789	18,131	4.4%	1,005	18,102	5.6%	1,182	18,858	6.3%		
Grays Harbor	913	17,433	5.2%	1,400	16,969	8.3%	1,648	17,535	9.4%		
Timberlands	1,523	22,394	6.8%	1,882	22,184	8.5%	2,095	21,697	9.7%		
Southwest	2,173	21,359	10.2%	2,749	21,960	12.5%	2,763	22,929	12.1%		
Chelan / Douglas	963	20,482	4.7%	1,294	20,878	6.2%	1,529	21,790	7.0%		
North Central	1,858	38,165	4.9%	2,156	39,039	5.5%	1,962	40,614	4.8%		
Thurston / Mason	3,089	42,796	7.2%	3,370	41,914	8.0%	3,344	43,730	7.6%		
Clark	4,203	61,562	6.8%	4,816	63,262	7.6%	4,862	66,549	7.3%		
Peninsula	4,005	49,222	8.1%	4,206	48,329	8.7%	4,295	49,392	8.7%		
Spokane	4,373	86,152	5.1%	6,026	88,808	6.8%	6,708	91,982	7.3%		
Greater Columbia	11,448	147,159	7.8%	10,736	150,413	7.1%	10,583	155,752	6.8%		
Pierce	10,596	125,340	8.5%	10,372	125,019	8.3%	8,340	128,314	6.5%		
North Sound	8,915	137,626	6.5%	11,215	142,840	7.9%	12,430	151,788	8.2%		
King	19,914	216,439	9.2%	22,775	217,002	10.5%	24,150	227,040	10.6%		
Statewide	73,735	1,004,260	7.3%	82,645	1,016,719	8.1%	84,303	1,057,970	8.0%		



ACCESS II. B. Community Outpatient Utilization Rates for Medicaid Population

B. Operational Definition: Average number of outpatient service hours per consumer by RSN for a Fiscal Year.

Rationale for Use: The average number of hours of outpatient services for each consumer per Fiscal Year provides information on the average amount of services received. Combined with penetration rate, the utilization rate describes the intensity of mental health service delivery.

Operational Measure: This is calculated by dividing the total number of outpatient hours by the total number of people receiving outpatient services in a Fiscal Year.

Formulas:

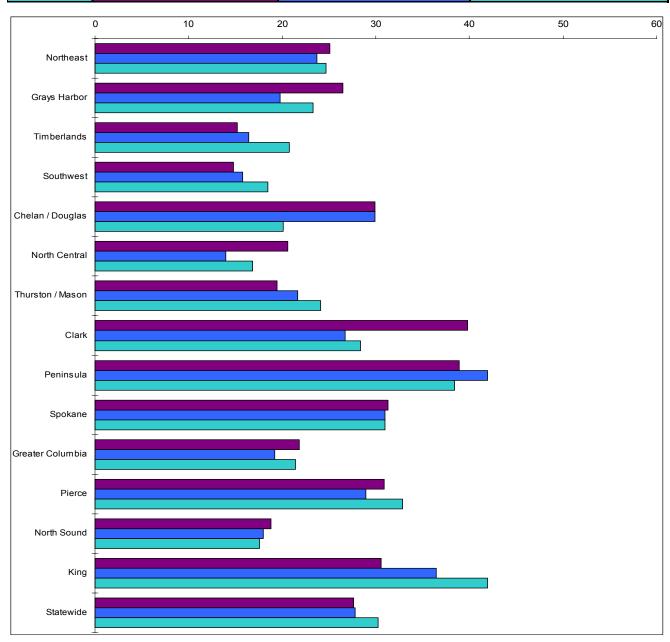
Number of outpatient hours in a Fiscal Year by RSN

Number of people who received outpatient mental health services in a Fiscal Year by RSN

Discussion: The table shows the total number of consumers in the RSN who received outpatient services and the total number of hours of outpatient services delivered. By dividing the two numbers, the average hours of outpatient services per client is calculated. Statewide this table shows an increase in the average number of outpatient services reported for Medicaid clients.

- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- The State total is unduplicated clients across all RSNs (i.e., each person is only counted once in the State).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services).

Community Ou	ıtpatient U	Itilization Ra	ites for Me	dicaid Po	pulation				
Access II.B.								C	alc SAS 11/30/04
RSN	Served	FY01 Total Hours	Avg. Hours	Served	FY02 Total Hours	Avg. Hours	Served	FY03 Total Hours	Avg. Hours
Northeast	789	19,783	25.1	1,005	23,797	23.7	1,182	29,206	24.7
Grays Harbor	913	24,157	26.5	1,400	27,641	19.7	1,648	38,357	23.3
Timberlands	1,523	23,167	15.2	1,882	30,987	16.5	2,095	43,556	20.8
Southwest	2,173	32,108	14.8	2,749	43,437	15.8	2,763	50,932	18.4
Chelan / Douglas	963	28,829	29.9	1,294	38,759	30.0	1,529	30,784	20.1
North Central	1,858	38,288	20.6	2,156	30,187	14.0	1,962	33,031	16.8
Thurston / Mason	3,089	60,066	19.4	3,370	72,919	21.6	3,344	80,536	24.1
Clark	4,203	167,259	39.8	4,816	128,607	26.7	4,862	137,943	28.4
Peninsula	4,005	155,837	38.9	4,206	176,251	41.9	4,295	164,910	38.4
Spokane	4,373	137,069	31.3	6,026	186,449	30.9	6,708	207,622	31.0
Greater Columbia	11,448	250,061	21.8	10,736	206,135	19.2	10,583	226,313	21.4
Pierce	10,596	327,469	30.9	10,372	299,802	28.9	8,340	273,967	32.8
North Sound	8,915	167,523	18.8	11,215	202,090	18.0	12,430	218,177	17.6
King	19,914	608,290	30.5	22,775	830,139	36.4	24,150	1,013,611	42.0
Statewide	73,735	2,039,905	27.7	82,645	2,297,199	27.8	84,303	2,548,947	30.2



ACCESS II. C. Community Outpatient Penetration Rates by Age for Medicaid Population

C. Operational Definition: The proportion of youth, adults, and older adults in the Medicaid population who received publicly funded outpatient mental health services by RSN for a Fiscal Year

Rationale for Use: Penetration rates for the Medicaid population by age group provide information on the number of children, adults, and older adults who were Medicaid enrolled and received one or more mental health services. This provides information on whether the system is responsive to various age groups within the Medicaid population and allows comparisons to other State mental health data to help understand access across the State mental health system.

Operational Measure: This is calculated by dividing the number of Medicaid enrollees in each age group who received outpatient mental health services during the Fiscal Year by the number of people in the general Medicaid population in that same age group.

Formula:

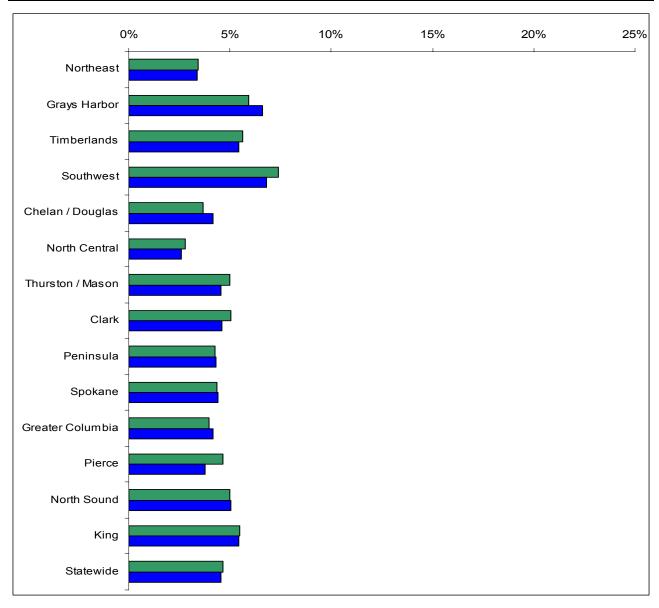
Number of Medicaid enrollees who received outpatient mental health services during the Fiscal Year {0-17, 18-59, 60+}

Number of people in the Medicaid population during the Fiscal Year {0-17, 18-59, 60+}

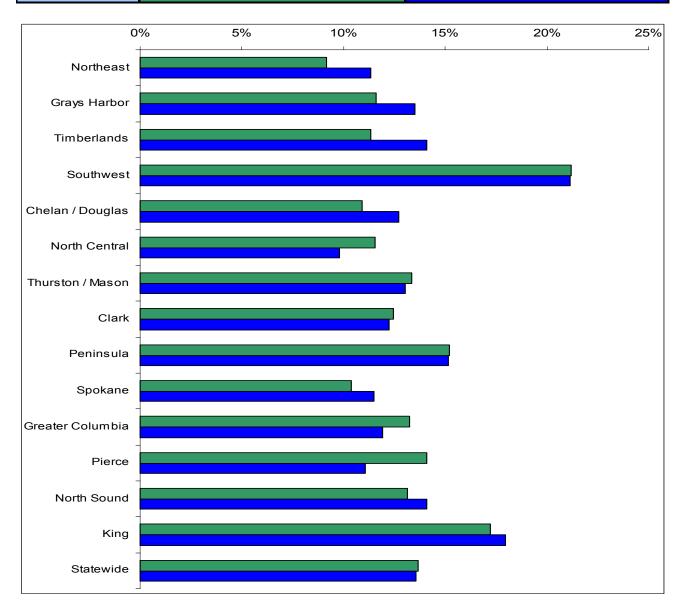
Discussion: The table shows that overall Medicaid enrolled adults have a higher penetration rate than either youth or older adults. This is noticeable because more children receive Medicaid, yet fewer of them are receiving mental health services through the RSNs.

- Age is calculated as of January 1, for each Fiscal Year.
- A client is considered Medicaid enrolled for the entire Fiscal Year if they received any amount of Medicaid funded service during the Fiscal Year.
- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- ▶ The State total is unduplicated clients across all RSNs (i.e., each person is only counted once in the Statewide total).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., a person is counted once in <u>each</u> RSN where they receive services).
- Counts are of people, not admissions, episodes, or units of service.

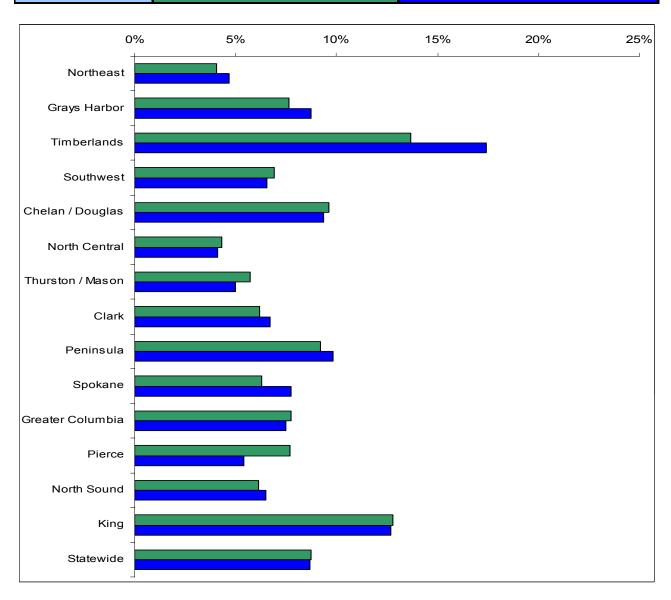
Community Outp	atient Penetr	ation Rates	by Age	Youth (0-17	yrs) for Medic	aid
Population						
Access II.C. Youth					Ca	alc. SAS 11/30/04
DON		FY02			FY03	
RSN	Served	Enrolled	Rate	Served	Enrolled	Rate
Northeast	369	10,760	3.4%	387	11,384	3.4%
Grays Harbor	571	9,676	5.9%	670	10,168	6.6%
Timberlands	726	12,915	5.6%	690	12,665	5.4%
Southwest	929	12,586	7.4%	909	13,413	6.8%
Chelan / Douglas	515	13,969	3.7%	609	14,607	4.2%
North Central	717	25,632	2.8%	694	26,921	2.6%
Thurston / Mason	1,251	25,081	5.0%	1,212	26,499	4.6%
Clark	1,985	39,557	5.0%	1,940	42,023	4.6%
Peninsula	1,181	27,718	4.3%	1,238	28,831	4.3%
Spokane	2,245	51,452	4.4%	2,365	53,884	4.4%
Greater Columbia	3,858	96,974	4.0%	4,222	101,686	4.2%
Pierce	3,437	73,737	4.7%	2,917	76,949	3.8%
North Sound	4,329	86,558	5.0%	4,679	93,300	5.0%
King	6,597	120,524	5.5%	6,974	128,386	5.4%
Statewide	28,352	607,139	4.7%	29,087	640,716	4.5%



Community Outpatient Penetration Rates by Age Adults (18-59 yrs) for										
Medicaid Popu	lation									
Access II.C. Adults					Cald	c. SAS 11/30/04				
RSN		FY02			FY03					
KSN	Served	Enrolled	Rate	Served	Enrolled	Rate				
Northeast	574	6,266	9.2%	724	6,397	11.3%				
Grays Harbor	700	6,043	11.6%	843	6,246	13.5%				
Timberlands	869	7,681	11.3%	1047	7,434	14.1%				
Southwest	1,696	7,998	21.2%	1738	8,231	21.1%				
Chelan / Douglas	632	5,796	10.9%	775	6,100	12.7%				
North Central	1,318	11,398	11.6%	1152	11,737	9.8%				
Thurston / Mason	1,937	14,522	13.3%	1971	15,113	13.0%				
Clark	2,562	20,601	12.4%	2634	21,487	12.3%				
Peninsula	2,612	17,161	15.2%	2637	17,383	15.2%				
Spokane	3,326	32,023	10.4%	3785	32,972	11.5%				
Greater Columbia	6,048	45,752	13.2%	5573	46,734	11.9%				
Pierce	6,139	43,541	14.1%	4868	43,874	11.1%				
North Sound	6,115	46,643	13.1%	6933	49,171	14.1%				
King	12,821	74,505	17.2%	13833	76,984	18.0%				
Statewide	46,401	339,930	13.7%	47,420	349,863	13.6%				



Community Outp	atient Peneti	ration Rate	s by Age	e: Older Ad	dults (60+ yr	s) for
Medicaid Populat	tion					
Access II.C Older Adu	ults				Cal	c. SAS 11/30/04
RSN		FY02			FY03	
KSN	Served	Enrolled	Rate	Served	Enrolled	Rate
Northeast	62	1,530	4.1%	71	1,513	4.7%
Grays Harbor	126	1,644	7.7%	135	1,546	8.7%
Timberlands	287	2,096	13.7%	357	2,048	17.4%
Southwest	121	1,754	6.9%	115	1,757	6.5%
Chelan / Douglas	147	1,528	9.6%	145	1,548	9.4%
North Central	120	2,769	4.3%	114	2,781	4.1%
Thurston / Mason	182	3,172	5.7%	158	3,151	5.0%
Clark	266	4,285	6.2%	287	4,287	6.7%
Peninsula	405	4,402	9.2%	419	4,257	9.8%
Spokane	454	7,191	6.3%	556	7,159	7.8%
Greater Columbia	830	10,699	7.8%	784	10,447	7.5%
Pierce	786	10,215	7.7%	548	10,126	5.4%
North Sound	763	12,459	6.1%	804	12,406	6.5%
King	3,347	26,223	12.8%	3328	26,275	12.7%
Statewide	7,848	89,967	8.7%	7,745	89,301	8.7%



ACCESS II. D. Community Outpatient Utilization Rates by Age for Medicaid Population

D. Operational Definition: Average number of outpatient service hours per consumer by age group for a Fiscal Year.

Rationale for Use: This indicator provides information on the amount of services received by children, adults, and older adults. Combined with penetration rate, the utilization rate describes the intensity of mental health service delivery. Examining this data by age provides an additional understanding of the difference in the amount of service delivered to children, adults, and older adults.

Operational Measure: This indicator is calculated by dividing the total number of outpatient hours for each age group in a Fiscal Year by the total count of people in each age group receiving outpatient services in a Fiscal Year.

Formulas:

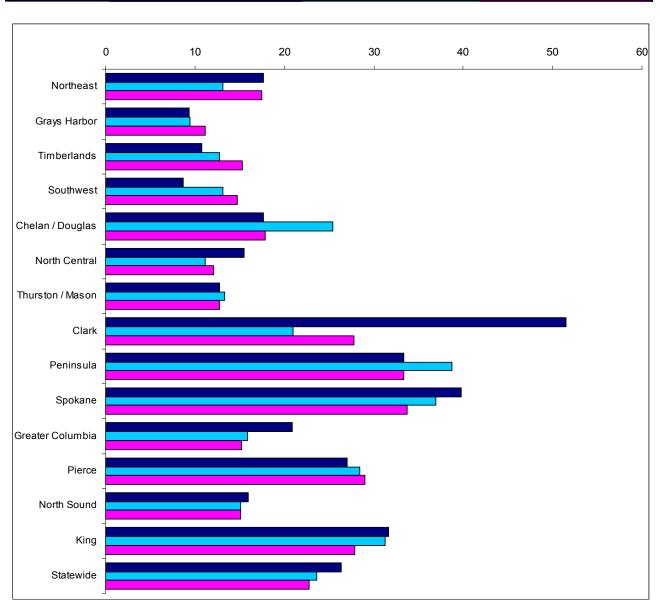
Number of outpatient hours in Fiscal Year by age group {0-17, 18-59, 60+}

Number of people who received mental health services in Fiscal Year by age group {0-17, 18-59, 60+}

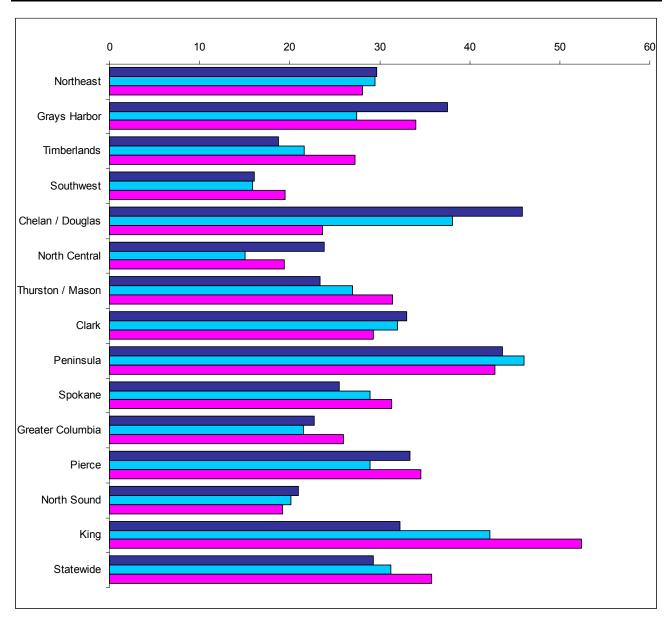
Discussion: The table shows the amount of mental health services received by different age groups. The table shows that the average number of outpatient hours for adults and older adults has increased while the average number of outpatient hours for children has decreased. At the same time, the number of youth and adults receiving services has increased.

- Clark RSN has received additional funding to provide children's services.
- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- Age is calculated as of January 1st for each Fiscal Year.
- ▶ The State total is unduplicated clients across all RSNs.
- ▶ The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services).

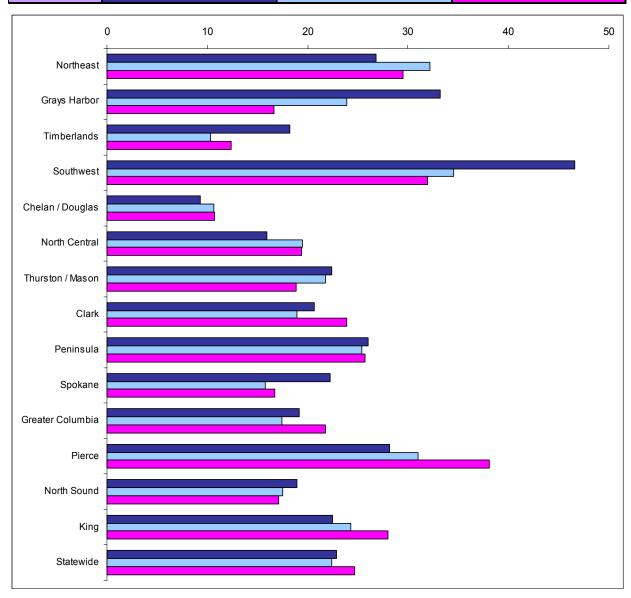
Community Out	patient Uti	lization Ra	ates by Ag	e - Youth	(0-17) for N	ledicaid	Populatio	on	
Access II.D. Youth								Calc. SA	AS 11/30/04
DCN		FY01			FY02			FY03	
RSN	Served	Hours	Rate	Served	Hours	Rate	Served	Hours	Rate
Northeast	286	5,053	17.7	369	4,863	13.2	387	6,762	17.5
Grays Harbor	342	3,194	9.3	571	5,376	9.4	670	7,445	11.1
Timberlands	663	7,142	10.8	726	9,270	12.8	690	10,589	15.3
Southwest	777	6,754	8.7	929	12,237	13.2	909	13,433	14.8
Chelan / Douglas	398	7,025	17.7	515	13,104	25.4	609	10,864	17.8
North Central	610	9,472	15.5	717	7,977	11.1	694	8,414	12.1
Thurston / Mason	1,134	14,482	12.8	1,251	16,609	13.3	1,212	15,496	12.8
Clark	1,704	87,681	51.5	1,985	41,563	20.9	1,940	53,911	27.8
Peninsula	1,180	39,367	33.4	1,181	45,768	38.8	1,238	41,273	33.3
Spokane	1,827	72,730	39.8	2,245	82,924	36.9	2,365	79,733	33.7
Greater Columbia	3,846	80,439	20.9	3,858	61,195	15.9	4,222	64,229	15.2
Pierce	3,397	91,701	27.0	3,437	97,805	28.5	2,917	84,693	29.0
North Sound	3,613	57,568	15.9	4,329	65,391	15.1	4,679	70,864	15.1
King	6,160	195,047	31.7	6,597	206,512	31.3	6,974	194,570	27.9
Statewide	25,686	677,657	26.4	28,352	670,593	23.7	29,087	662,276	22.8



Community Ou	tpatient Ut	ilization Rat	es by A	ge - Adults	s (18-59) for	Medica	id Populat	tion	
Access II.D. Adults								Calc.SA	S 11/30/04
RSN		FY01			FY02			FY03	
KON	Served	Hours	Rate	Served	Hours	Rate	Served	Hours	Rate
Northeast	440	13,065	29.7	574	16,939	29.5	724	20,350	28.1
Grays Harbor	473	17,734	37.5	700	19,246	27.5	843	28,660	34.0
Timberlands	709	13,279	18.7	869	18,760	21.6	1,047	28,550	27.3
Southwest	1,296	20,829	16.1	1,696	26,997	15.9	1,738	33,828	19.5
Chelan / Douglas	453	20,759	45.8	632	24,091	38.1	775	18,371	23.7
North Central	1,122	26,807	23.9	1,318	19,863	15.1	1,152	22,404	19.4
Thurston / Mason	1,779	41,669	23.4	1,937	52,355	27.0	1,971	62,043	31.5
Clark	2,262	74,710	33.0	2,562	81,989	32.0	2,634	77,131	29.3
Peninsula	2,436	106,391	43.7	2,612	120,174	46.0	2,637	112,850	42.8
Spokane	2,366	60,329	25.5	3,326	96,342	29.0	3,785	118,564	31.3
Greater Columbia	6,625	150,870	22.8	6,048	130,473	21.6	5,573	145,011	26.0
Pierce	6,316	211,010	33.4	6,139	177,542	28.9	4,868	168,360	34.6
North Sound	4,682	98,213	21.0	6,115	123,288	20.2	6,933	133,462	19.3
King	10,652	343,496	32.2	12,821	542,224	42.3	13,833	725,488	52.4
Statewide	40,894	1,199,160	29.3	46,401	1,450,283	31.3	47,420	1,695,070	35.7



Access II.D. Older A	Adults							Calc. SAS	S 11/30/04
RSN		FY01		FY02				FY03	
KON	Served	Hours	Rate	Served	Hours	Rate	Served	Hours	Rate
Northeast	62	1,663	26.8	62	1,995	32.2	71	2,095	29.5
Grays Harbor	97	3,222	33.2	126	3,015	23.9	135	2,252	16.7
Timberlands	151	2,746	18.2	287	2,957	10.3	357	4,416	12.4
Southwest	97	4,519	46.6	121	4,183	34.6	115	3,670	31.9
Chelan / Douglas	112	1,045	9.3	147	1,565	10.6	145	1,550	10.7
North Central	126	2,010	16.0	120	2,334	19.4	114	2,211	19.4
Thurston / Mason	175	3,913	22.4	182	3,955	21.7	158	2,984	18.9
Clark	234	4,840	20.7	266	5,040	18.9	287	6,864	23.9
Peninsula	385	10,030	26.1	405	10,269	25.4	419	10,786	25.7
Spokane	180	4,010	22.3	454	7,178	15.8	556	9,306	16.7
Greater Columbia	977	18,752	19.2	830	14,467	17.4	784	17,055	21.8
Pierce	878	24,737	28.2	786	24,356	31.0	548	20,891	38.1
North Sound	619	11,737	19.0	763	13,337	17.5	804	13,782	17.1
King	3,098	69,644	22.5	3,347	81,282	24.3	3,328	93,294	28.0
Statewide	7,132	162,867	22.8	7,848	175,932	22.4	7,745	191,155	24.7



ACCESS III. A. Community Inpatient Penetration Rates

A. Operational Definition: Proportion of people served in Community Hospitals and Evaluation and Treatment Centers by RSN and Statewide per 1000 population for a Fiscal Year.

Rationale for Use: The penetration rate per 1000 people provides information on the use of a high cost service – community psychiatric inpatient hospitalization. Community Hospital and Evaluation and Treatment Center (E & T) services are an important component of care for people with acute psychiatric needs.

Operational Measures: The total number of people served in Community Hospitals and E&Ts in the Fiscal Year divided by the general population, multiplied by 1000.

Formula:

Number of people served (CH, E&T) in the Fiscal Year

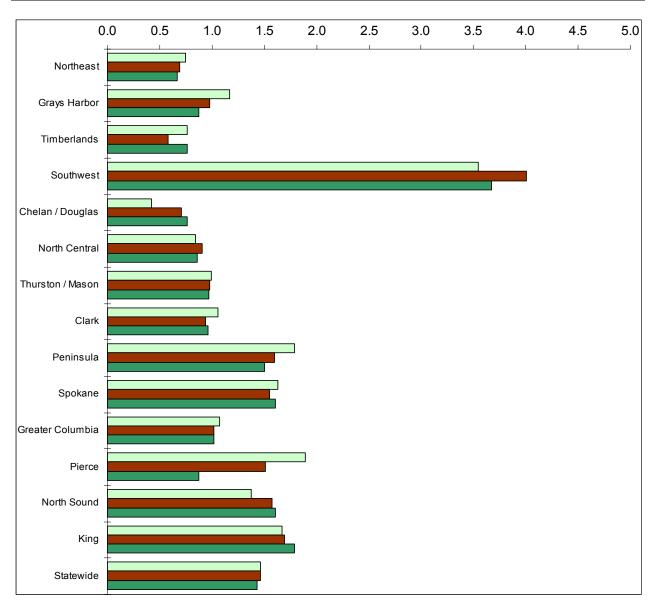
X 1000

Number of people in the general population in the Fiscal Year

Discussion: The inpatient penetration rates show the number of people served in Community Hospitals and E&Ts per 1,000 people by RSN and Statewide. There have been reports of community hospital bed closures in some communities. Bed closures may be associated with decreased penetration rates in some RSNs. However, the overall penetration rate has remained stable across the three years.

- ▶ E & T services are only provided by Peninsula, King and North Sound RSN.
- Data reported are based on RSN report and include the most recent dispute resolutions available at the time of publication.
- ▶ Population numbers for Fiscal Year 2001, 2002, and 2003 are based on Washington State's Office of Financial Management (OFM) estimates from the 2000 Census.
- Counts are of people, not admissions, episodes, or units of service.
- Counts are unduplicated across Community Hospitals and E&Ts and include the most recent dispute resolutions available at the time of publication.
- Community hospital data is based on Medicaid billing. Prior to July 01 Medicaid-Medicare crossovers were excluded from calculations.
- Due to a change in the processing of data for Puget Sound Behavioral Health, the number of people served in community inpatient settings are underreported for Pierce RSN in 2002 & 2003.

Community Inp	atient Pen	etration Rate	es						
Access III.A.								Calc. SAS	5 10/05/04
RSN		FY01			FY02			FY03	
	Served	Population	Rate	Served	Population	Rate	Served	Population	Rate
Northeast	52	69,600	0.7	48	69,700	0.7	46	69,242	0.7
Grays Harbor	80	68,500	1.2	67	68,400	1.0	59	67,194	0.9
Timberlands	72	94,300	0.8	55	95,000	0.6	71	93,408	0.8
Southwest	333	93,900	3.5	378	94,400	4.0	341	92,948	3.7
Chelan / Douglas	42	99,900	0.4	71	100,700	0.7	76	99,219	0.8
North Central	111	132,200	0.8	120	132,800	0.9	112	130,690	0.9
Thurston / Mason	259	259,800	1.0	257	262,100	1.0	250	256,760	1.0
Clark	372	352,600	1.1	342	363,400	0.9	331	345,238	1.0
Peninsula	579	324,300	1.8	522	326,200	1.6	484	322,447	1.5
Spokane	687	422,400	1.6	659	425,600	1.5	671	417,939	1.6
Greater Columbia	648	605,600	1.1	623	611,100	1.0	611	599,730	1.0
Pierce	1,348	713,400	1.9	1,093	725,000	1.5	614	700,820	0.9
North Sound	1,347	980,100	1.4	1,566	993,000	1.6	1,546	961,452	1.6
King	2,942	1,758,300	1.7	3,008	1,774,300	1.7	3,110	1,737,034	1.8
Statewide	8,752	5,974,900	1.5	8,860	6,041,700	1.5	8,444	5,894,121	1.4



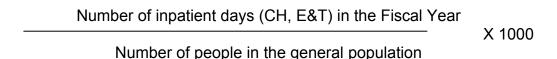
ACCESS III. B. Community Inpatient Utilization Rates

B. Operational Definition: Number of inpatient days spent in Community Hospitals and Evaluation and Treatment Centers by RSN and Statewide per 1000 population for a Fiscal Year.

Rationale for Use: This indicator provides a standard indicator of the amount of inpatient services being utilized. Combined with penetration rate, inpatient utilization provides information on the use of a high cost service – community psychiatric inpatient hospitalization. Community Hospital and Evaluation and Treatment Center (E & T) services are an important component of care for people with acute psychiatric needs.

Operational Measures: The total number of Community Hospital and E&T days in the Fiscal Year divided by the general population, multiplied by 1000.

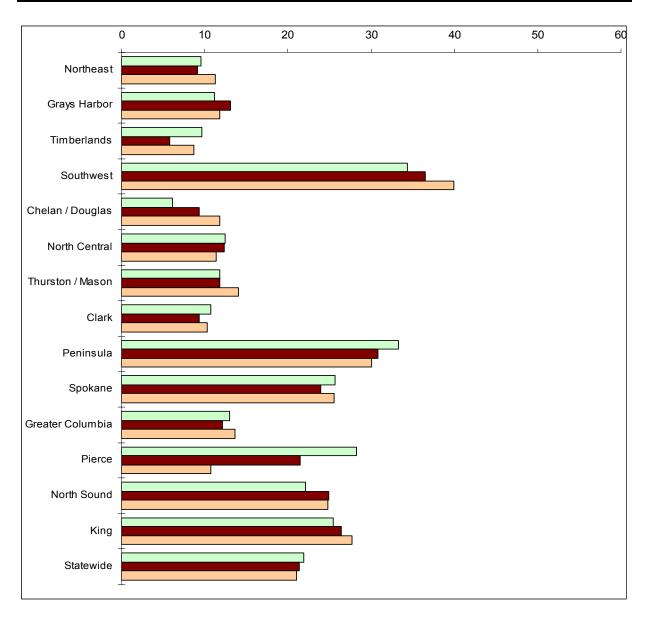
Formula:



Discussion: The inpatient utilization rates show the overall rate of Community Hospital and E&T days for the State of Washington. RSNs have reported of community hospital bed closures in some communities. Bed closures may be associated with decreased utilization rates in some RSNs. This may be reflected in the slightly decreasing utilization rate.

- **E & T** services are only provided by Peninsula, King and North Sound RSN. Data reported are based on RSN report and include the most recent dispute resolutions available at the time of publication.
- Counts are of inpatient days.
- Community hospital data is based on Medicaid billing. Prior to July 01 Medicaid-Medicare crossovers were excluded from calculations.
- Census numbers Fiscal Year 2001, 2002 and 2003 are based on Washington State's Office of Financial Management (OFM) estimates from the 2000 Census.
- Counts are unduplicated across Community Hospitals and E&Ts and include the most recent dispute resolutions available at the time of publication.
- Due to a change in the processing of data for Puget Sound Behavioral Health, the number of people served in community inpatient settings are underreported for Pierce RSN in 2002 and 2003.

Community Inp	atient Util	ization R	ates							
Access III.B.								Calc. SA	S 10/05/04	
DOM		FY01			FY02			FY03		
RSN	Population	# Days	Rate	Population	# Days	Rate	Population	# Days	Rate	
Northeast	69,600	663	9.5	69,700	633	9.1	69,242	776	11.2	
Grays Harbor	68,500	765	11.2	68,400	895	13.1	67,194	755	11.2	
Timberlands	94,300	915	9.7	95,000	553	5.8	93,408	770	8.2	
Southwest	93,900	3,230	34.4	94,400	3,433	36.4	92,948	3,584	38.6	
Chelan / Douglas	99,900	614	6.1	100,700	942	9.4	99,219	1,150	11.6	
North Central	132,200	1,653	12.5	132,800	1,643	12.4	130,690	1,459	11.2	
Thurston / Mason	259,800	3,060	11.8	262,100	3,104	11.8	256,760	3,550	13.8	
Clark	352,600	3,778	10.7	363,400	3,385	9.3	345,238	3,470	10.1	
Peninsula	324,300	10,859	33.5	326,200	10,042	30.8	322,447	9,700	30.1	
Spokane	422,400	10,851	25.7	425,600	10,230	24.0	417,939	10,726	25.7	
Greater Columbia	605,600	7,861	13.0	611,100	7,435	12.2	599,730	7,948	13.3	
Pierce	713,400	20,165	28.3	725,000	15,554	21.5	700,820	7,540	10.8	
North Sound	980,100	21,677	22.1	993,000	24,682	24.9	961,452	23,844	24.8	
King	1,758,300	44,745	25.4	1,774,300	46,829	26.4	1,737,034	47,846	27.5	
Statewide	5,974,900	130,836	21.9	6,041,700	129,360	21.4	5,894,121	123,118	20.9	



ACCESS III. C. Community Inpatient Penetration Rates by Age

C. Operational Definition: The proportion of youth, adults, and older adults who received service in Community Hospitals and E&Ts per 1000 age group for a Fiscal Year.

Rationale for Use: The penetration rate per 1000 people provides information on the use of a high cost service – community psychiatric inpatient hospitalization. Community Hospital and Evaluation and Treatment Center (E & T) services are an important component of care for people with acute psychiatric needs. Examining this data by age provides an additional understanding of the differences in acute services delivered to children, adults, and older adults.

Operational Measures: The total number of people served in Community Hospitals and E&Ts in the Fiscal Year for each age group divided by the general population of each age group multiplied by 1000.

Formula:

Number of people served (CH, E&T) in the Fiscal Year by age group

{0-17, 18-59, 60+}

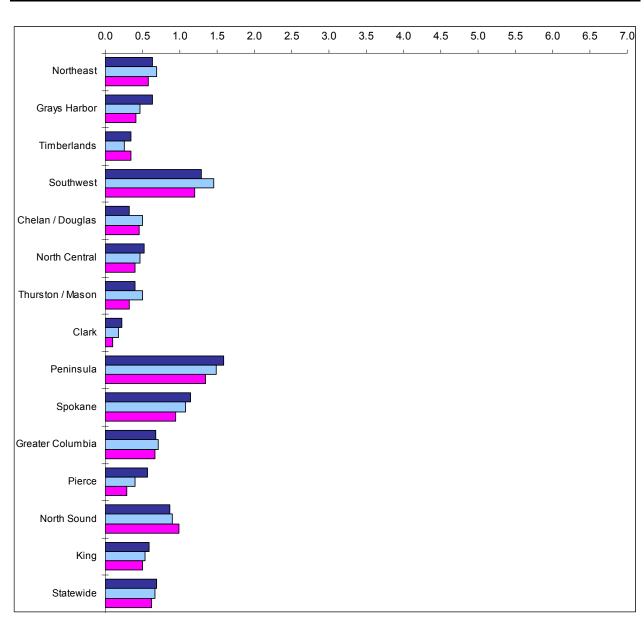
Number of people in general population by age group in the Fiscal Year

{0-17, 18-59, 60+}

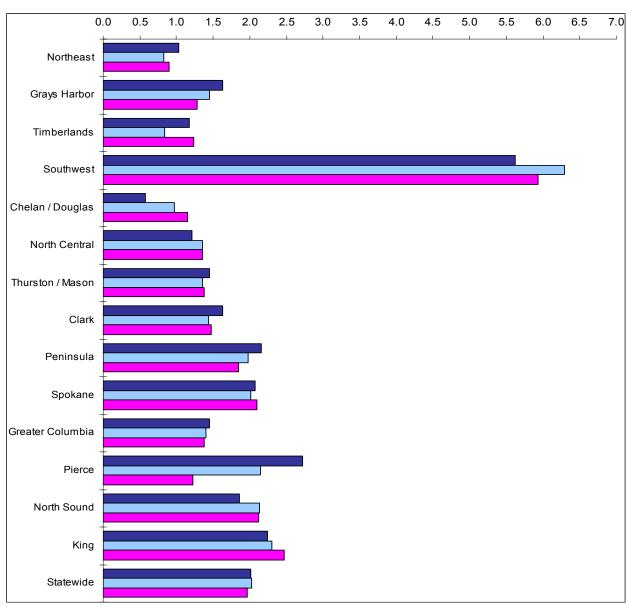
Discussion: The inpatient hospital penetration rates by age group show the number of children, adults, and older adults served in Community Hospitals and Evaluation and Treatment Centers. The tables show that the proportion of adults receiving inpatient services is higher than either the proportion of children or older adults served.

- Puget Sound Behavioral Health included only in FY2001.
- ▶ E & T services are only provided by Peninsula, King and North Sound RSN. Data included in this report are based on RSN report. Peninsula has an adolescent E&T and King and North Sound have adult E&Ts.
- Age is calculated as of January 1st for each Fiscal Year.
- Community hospital data is based on Medicaid billing. Prior to July 01 Medicaid-Medicare crossovers were excluded from calculations.
- Counts are unduplicated across Community Hospitals and E&Ts.
- Population numbers for Fiscal Year 2001, 2002, and 2003 are based on Washington State's Office of Financial Management (OFM) estimates from the 2000 Census.
- Counts are of people, not admissions, episodes, or units of service.
- Counts are unduplicated across Community Hospitals and E&Ts and include the most recent dispute resolutions available at the time of publication.
- Due to a change in the processing of data for Puget Sound Behavioral Health, the number of people served in community inpatient settings are underreported for Pierce RSN in 2002 and 2003.

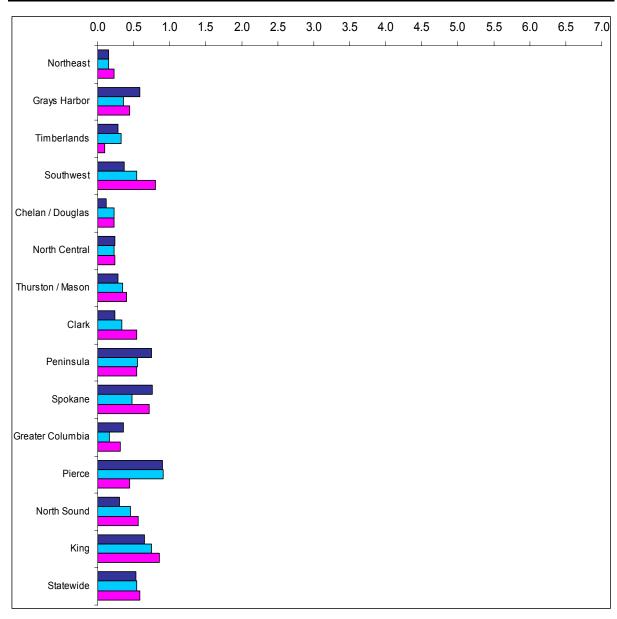
Community Inpa	atient Pen	etration Ra	ates: Yo	uth (0-17 <u>y</u>	yrs.)				
Access III.C. Youth								Calc. S/	AS 10/05/04
RSN		FY01			FY02			FY03	
KON	Served	Population	Rate	Served	Population	Rate	Served	Population	Rate
Northeast	13	19,001	0.7	13	18,803	0.7	11	19,106	0.6
Grays Harbor	11	17,411	0.6	8	17,187	0.5	7	17,251	0.4
Timberlands	8	23,592	0.3	6	23,493	0.3	9	23,601	0.4
Southwest	32	24,910	1.3	36	24,764	1.5	30	24,905	1.2
Chelan / Douglas	9	28,172	0.3	14	28,108	0.5	12	28,238	0.4
North Central	21	40,619	0.5	19	40,400	0.5	16	40,493	0.4
Thurston / Mason	26	64,272	0.4	32	64,137	0.5	22	64,146	0.3
Clark	22	100,216	0.2	18	102,296	0.2	10	98,985	0.1
Peninsula	130	81,024	1.6	120	80,594	1.5	109	81,372	1.3
Spokane	123	107,612	1.1	117	107,287	1.1	102	107,500	0.9
Greater Columbia	117	172,845	0.7	122	172,618	0.7	118	172,625	0.7
Pierce	107	192,323	0.6	76	193,578	0.4	55	190,569	0.3
North Sound	222	257,014	0.9	234	257,865	0.9	251	254,406	1.0
King	231	391,885	0.6	206	391,515	0.5	196	390,646	0.5
Statewide	1,055	1,520,895	0.7	1,011	1,522,647	0.7	939	1,513,843	0.6



Community Inpa	Community Inpatient Penetration Rates by Age: Adults (18-59 yrs.)									
Access III.C. Adults								Calc. SAS	5 10/05/04	
RSN		FY01			FY02			FY03		
KON	Served	Population	Rate	Served	Population	Rate	Served	Population	Rate	
Northeast	37	37,075	1.0	33	37,236	0.9	32	36,728	0.9	
Grays Harbor	61	37,335	1.6	54	37,376	1.4	47	36,493	1.3	
Timberlands	58	49,417	1.2	42	49,923	0.8	60	48,759	1.2	
Southwest	295	52,471	5.6	333	52,877	6.3	298	51,765	5.8	
Chelan / Douglas	31	54,260	0.6	53	54,821	1.0	61	53,716	1.1	
North Central	85	70,289	1.2	96	70,808	1.4	91	69,238	1.3	
Thurston / Mason	221	152,849	1.4	210	154,543	1.4	210	150,573	1.4	
Clark	337	206,748	1.6	308	213,544	1.4	297	201,831	1.5	
Peninsula	401	185,600	2.2	370	187,135	2.0	343	183,899	1.9	
Spokane	513	247,105	2.1	509	249,470	2.0	521	243,787	2.1	
Greater Columbia	499	342,324	1.5	486	346,379	1.4	465	337,983	1.4	
Pierce	1,152	423,440	2.7	926	431,136	2.1	514	414,860	1.2	
North Sound	1,081	583,669	1.9	1,267	592,519	2.1	1,216	570,893	2.1	
King	2,513	1,122,212	2.2	2,613	1,133,727	2.3	2,700	1,106,531	2.4	
Statewide	7,180	3,564,795	2.0	7,352	3,611,493	2.0	6,973	3,507,056	2.0	



Community Inpa	atient Pen	etration Ra	tes by A	ge - Older	Adults (60+	yrs.)			
Access III.C Older Ac	dults							Calc.SAS	S 10/05/04
RSN		FY01			FY02			FY03	
KON	Served	Population	Rate	Served	Population	Rate	Served	Population	Rate
Northeast	2	13,524	0.1	2	13,660	0.1	3	13,408	0.2
Grays Harbor	8	13,754	0.6	5	13,837	0.4	5	13,450	0.4
Timberlands	6	21,291	0.3	7	21,585	0.3	2	21,048	0.1
Southwest	6	16,519	0.4	9	16,759	0.5	13	16,278	0.8
Chelan / Douglas	2	17,468	0.1	4	17,770	0.2	3	17,266	0.2
North Central	5	21,292	0.2	5	21,592	0.2	5	20,959	0.2
Thurston / Mason	12	42,679	0.3	15	43,420	0.3	18	42,071	0.4
Clark	11	45,637	0.2	16	47,560	0.3	24	44,422	0.5
Peninsula	43	57,676	0.7	32	58,471	0.5	32	57,176	0.6
Spokane	51	67,683	0.8	33	68,843	0.5	48	66,652	0.7
Greater Columbia	32	90,430	0.4	15	92,103	0.2	28	89,122	0.3
Pierce	88	97,637	0.9	91	100,286	0.9	45	95,391	0.5
North Sound	43	139,418	0.3	65	142,615	0.5	76	136,153	0.6
King	159	244,203	0.7	185	249,058	0.7	203	239,857	0.8
Statewide	469	889,210	0.5	493	907,560	0.5	518	873,253	0.6



ACCESS III. D. Community Inpatient Utilization Rates by Age

D. Operational Definition: Number of days spent in Community Hospitals and Evaluation and Treatment Centers per 1000 age group for a Fiscal Year.

Rationale for Use: This indicator provides a standard indicator of the amount of inpatient services being utilized. Combined with penetration rate, inpatient utilization provides information on the use of a high cost service – community psychiatric inpatient hospitalization. Community Hospital and Evaluation and Treatment Center (E & T) services are an important component of care for people with acute psychiatric needs. Examining this data by age provides an additional understanding of the differences in acute services delivered to children, adults, and older adults.

Operational Measures: The total number of Community Hospital and E&T days in the Fiscal Year for each age group divided by the general population of each age group multiplied by 1000.

Formula:

Number of inpatient days (CH, E&T) in the Fiscal Year by age group {0-17, 18-59, 60+}

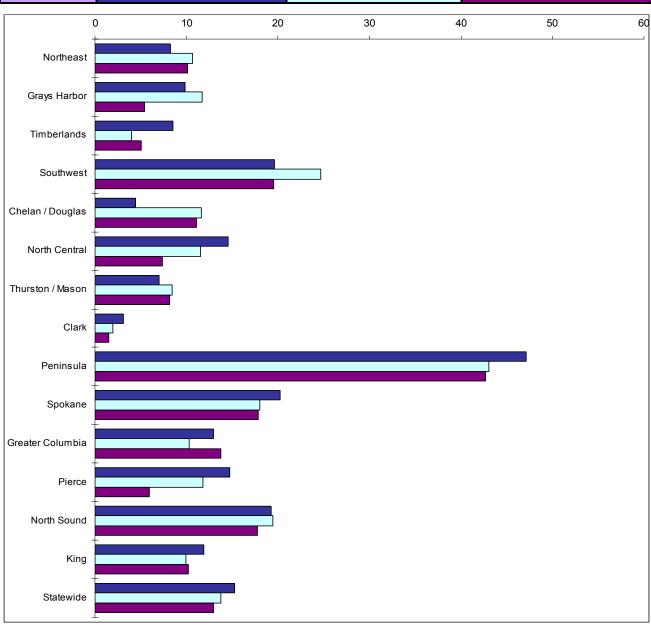
X 1000

Number of people in general population in the Fiscal Year by age group {0-17, 18-59, 60+}

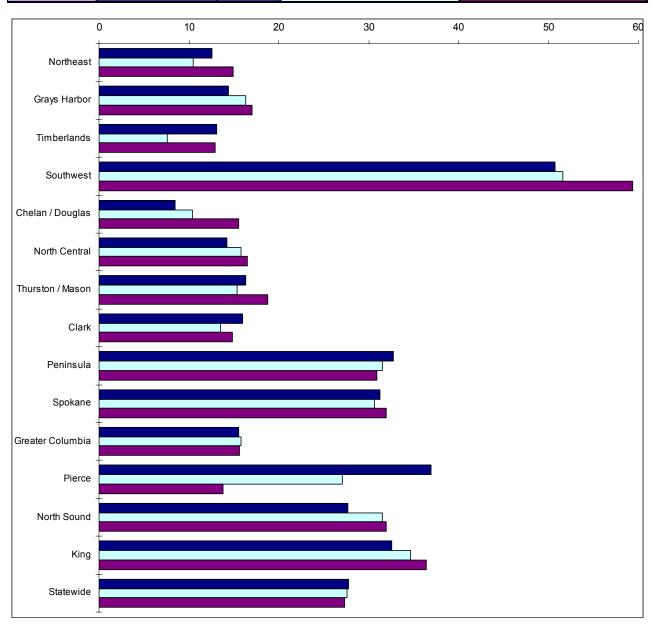
Discussion: The tables show the average number of community hospital and E&T inpatient days for children, adults, and older adults. There have been reports of community hospital bed closures in some communities. Bed closures may be associated with a change in utilization rates in some RSNs. Overall, adults have a higher average number of days in Community Inpatient settings than either children or older adults. Children's and adult's rates of community inpatient utilization are decreasing, and rates for older adults are fluctuating.

- ▶ E & T services are only provided by Peninsula, King and North Sound RSN. Data reported are based on RSN report.
- Puget Sound Behavioral Health included only in FY2001.
- Age is calculated as of January 1st for each Fiscal Year.
- Counts are of inpatient days.
- Community hospital data based on Medicaid billing. Prior to July 01 Medicaid-Medicare crossovers were excluded from calculations.
- Population numbers for Fiscal Year 2001, 2002, and 2003 are based on Washington State's Office of Financial Management (OFM) estimates from the 2000 Census.
- Counts are unduplicated across Community Hospitals and E&Ts and include the most recent dispute resolutions available at the time of publication.
- Due to a change in the processing of data for Puget Sound Behavioral Health, the number of people served in community inpatient settings are underreported for Pierce RSN in 2002 and 2003.

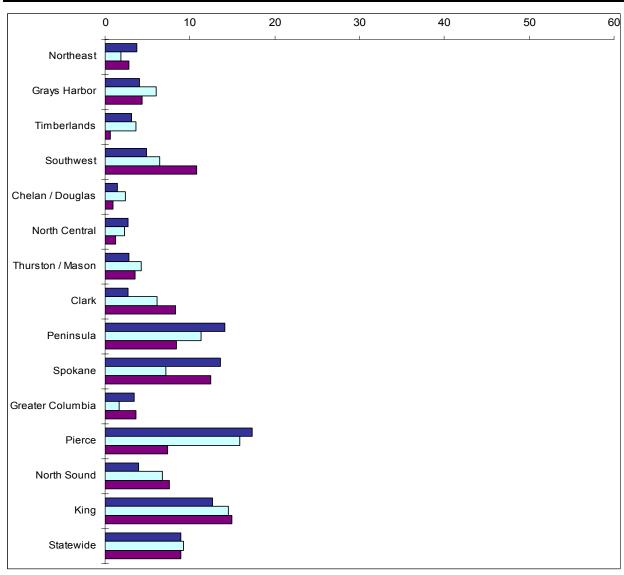
Community Inp									
Access III.D. Youth								Calc. S	AS10/05/04
RSN		FY01			FY02			FY03	
KON	# Youth	# Days	Rate	# Youth	# Days	Rate	# Youth	# Days	Rate
Northeast	19,001	157	8.3	18,803	201	10.7	19,106	193	10.1
Grays Harbor	17,411	172	9.9	17,187	202	11.8	17,251	94	5.4
Timberlands	23,592	201	8.5	23,493	93	4.0	23,601	120	5.1
Southwest	24,910	489	19.6	24,764	611	24.7	24,905	486	19.5
Chelan / Douglas	28,172	126	4.5	28,108	328	11.7	28,238	313	11.1
North Central	40,619	593	14.6	40,400	466	11.5	40,493	299	7.4
Thurston / Mason	64,272	448	7.0	64,137	538	8.4	64,146	525	8.2
Clark	100,216	315	3.1	102,296	198	1.9	98,985	147	1.5
Peninsula	81,024	3,817	47.1	80,594	3467	43.0	81,372	3,472	42.7
Spokane	107,612	2,178	20.2	107,287	1931	18.0	107,500	1,917	17.8
Greater Columbia	172,845	2,243	13.0	172,618	1782	10.3	172,625	2,371	13.7
Pierce	192,323	2,832	14.7	193,578	2282	11.8	190,569	1,140	6.0
North Sound	257,014	4,957	19.3	257,865	5019	19.5	254,406	4,519	17.8
King	391,885	4,662	11.9	391,515	3886	9.9	390,646	3,998	10.2
Statewide	1,520,895	23,190	15.2	1,522,647	21,004	13.8	1,513,843	19,594	12.9



Community Inp	atient Utiliz	ation Ra	tes by Age	Adults (18-	59 yrs)				
Access III.D. Adults	;							Calc.	SAS 10/05/04
RSN		FY01			FY02			FY03	
KON	# Adults	# Days	Rate	# Adults	# Days	Rate	# Adults	# Days	Rate
Northeast	37,075	455	12.3	37,236	407	10.9	36,728	545	14.8
Grays Harbor	37,335	538	14.4	37,376	609	16.3	36,493	602	16.5
Timberlands	49,417	648	13.1	49,923	381	7.6	48,759	636	13.0
Southwest	52,471	2,661	50.7	52,877	2,715	51.3	51,765	2,923	56.5
Chelan / Douglas	54,260	463	8.5	54,821	572	10.4	53,716	821	15.3
North Central	70,289	1,003	14.3	70,808	1,127	15.9	69,238	1,133	16.4
Thurston / Mason	152,849	2,493	16.3	154,543	2,381	15.4	150,573	2,876	19.1
Clark	206,748	3,313	16.0	213,544	2,895	13.6	201,831	2,955	14.6
Peninsula	185,600	6,090	32.8	187,135	5,915	31.6	183,899	5,746	31.2
Spokane	247,105	7,750	31.4	249,470	7,805	31.3	243,787	7,980	32.7
Greater Columbia	342,324	5,310	15.5	346,379	5,496	15.9	337,983	5,254	15.5
Pierce	423,440	15,633	36.9	431,136	11,680	27.1	414,860	5,692	13.7
North Sound	583,669	16,162	27.7	592,519	18,697	31.6	570,893	18,284	32.0
King	1,122,212	36,588	32.6	1,133,727	39,255	34.6	1,106,531	40,087	36.2
Statewide	3,564,795	99,107	27.8	3,611,493	99,935	27.7	3,507,056	95,534	27.2



Community Inpa	atient Utiliz	ation R	Rates by	Age: Olde	r Adults	s (60 + yr	s)		
Access III.D. Older A	Adults							Calc.S	AS 10/05/04
		FY01			FY02		FY03		
RSN	# Older			# Older			# Older		
	Adults	# Days	Rate	Adults	#Days	Rate	Adults	#Days	Rate
Northeast	13,524	51	3.8	13,660	25	1.8	13,408	38	2.8
Grays Harbor	13,754	55	4.0	13,837	84	6.1	13,450	59	4.4
Timberlands	21,291	66	3.1	21,585	79	3.7	21,048	14	0.7
Southwest	16,519	80	4.8	16,759	107	6.4	16,278	175	10.8
Chelan / Douglas	17,468	25	1.4	17,770	42	2.4	17,266	16	0.9
North Central	21,292	57	2.7	21,592	50	2.3	20,959	27	1.3
Thurston / Mason	42,679	119	2.8	43,420	185	4.3	42,071	149	3.5
Clark	45,637	123	2.7	47,560	292	6.1	44,422	368	8.3
Peninsula	57,676	817	14.2	58,471	660	11.3	57,176	482	8.4
Spokane	67,683	923	13.6	68,843	494	7.2	66,652	829	12.4
Greater Columbia	90,430	308	3.4	92,103	157	1.7	89,122	323	3.6
Pierce	97,637	1,696	17.4	100,286	1,592	15.9	95,391	708	7.4
North Sound	139,418	550	3.9	142,615	966	6.8	136,153	1,032	7.6
King	244,203	3,090	12.7	249,058	3,610	14.5	239,857	3,591	15.0
Statewide	889,210	7,960	9.0	907,560	8,343	9.2	873,253	7,811	8.9



ACCESS III. E. Community Inpatient Penetration Rates by Race/Ethnicity

E. Operational Definition: The proportion of ethnic minorities who received service in Community Hospitals and E&Ts per 1000 ethnic minority for a Fiscal Year.

Rationale for Use: The penetration rate per 1000 people provides information on the use of a high cost service – community psychiatric inpatient hospitalization. Community Hospital and Evaluation and Treatment Center (E & T) services are an important component of care for people with acute psychiatric needs. Examining this data by Race/Ethnicity provides an additional understanding of the differences in acute services delivered to different ethnic minority groups.

Operational Measures: The total number of people served in Community Hospitals and E&Ts in the Fiscal Year for each ethnic minority divided by the general population of each ethnic minority multiplied by 1000.

Formula:

Number of people served (CH, E&T) in the Fiscal Year by Race/Ethnicity {Asian/Pac. Islander, Afr.American, Caucasian, Hispanic, Nat. American}

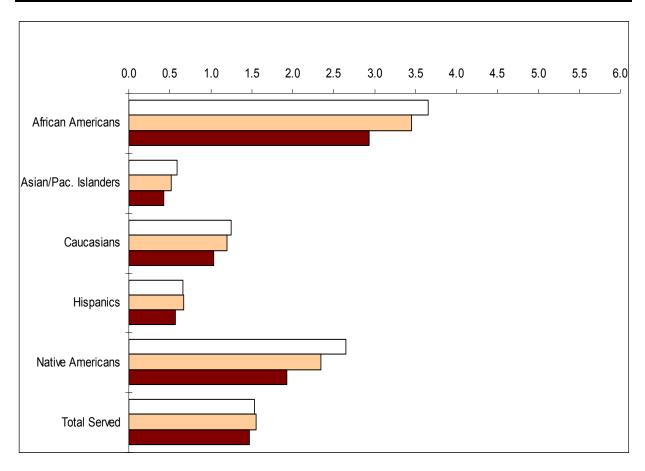
X 1000

Number of people in general population for each ethnic minority {Asian/Pac. Islander, Afr.American, Caucasian, Hispanic, Nat. American}

Discussion: The table shows that the penetration rates for ethnic minorities are stable across the three Fiscal Years. It is important to note that this graph uses the same population numbers across the three years. More African Americans and Native Americans received inpatient services than other ethnic minority groups. The actual penetration rates may be slightly higher in Fiscal Year 2001 and Fiscal Year 2002 than reflected in this report. However, the pattern should remain stable.

- OFM estimates for ethnicity were only available for 2003. Fiscal Year 2000 census numbers are used for Fiscal Year 2001 and 2002.
- ▶ E & T services are only provided by Peninsula, King and North Sound RSN. Data reported is based on RSN report.
- Puget Sound Behavioral Health only included in FY2001.
- There have been reports of community hospital bed closures in some communities. Bed closures may be associated with decreased penetration rates.
- Race/ethnicity is calculated using the data elements of Ethnicity and Hispanic origin. If Hispanic origin is reported as positive, then the individual is counted as Hispanic, and in no other category. In CY2002, 2003 multiracial is included in the other category.
- If a client has more than one ethnicity reported during a Fiscal Year, then the most recent ethnicity is used.
- ▶ State totals include individuals with ethnicity listed as "other".
- Counts are of people, not admissions, episodes, or units of service. .
- Counts are unduplicated across Community Hospitals and E&T.
- Community hospital data based on Medicaid billing. Prior to July 01 Medicaid-Medicare crossovers were excluded from calculations.
- Counts are unduplicated across Community Hospitals and E&Ts and include the most recent dispute resolutions available at the time of publication.
- Due to a change in the processing of data for Puget Sound Behavioral Health, the number of people served in community inpatient settings are underreported for Pierce RSN in 2002 and 2003.

Community Inpa	Community Inpatient Penetration Rates by Race/Ethnicity											
Access III.E.								Calc.S	SAS 10/05/04			
Race/Ethnicity		FY01			FY02			FY03				
Nace/Eurincity	Served	Population	Rate	Served	Population	Rate	Served	Population	Rate			
African Americans	675	184,631	3.7	638	184,631	3.5	558	190,267	2.9			
Asian/Pac. Islanders	201	342,180	0.6	178	342,180	0.5	148	346,288	0.4			
Caucasians	5,830	4,652,490	1.3	5,570	4,652,490	1.2	4,827	4,652,490	1.0			
Hispanics	293	441,509	0.7	295	441,509	0.7	253	441,509	0.6			
Native Americans	226	85,396	2.6	200	85,396	2.3	180	93,301	1.9			
Total Served	8,752	5,706,206	1.5	8,860	5,706,206	1.6	8,444	5,723,855	1.5			



ACCESS III. F. Community Inpatient Utilization Rates by Race/Ethnicity

F. Operational Definition: Number of days spent in Community Hospitals and Evaluation and Treatment Centers per 1000 ethnic minority for a Fiscal Year.

Rationale for Use: This indicator provides a standard rate of the amount of inpatient services being utilized. Combined with penetration rate, inpatient utilization provides information on the use of a high cost service – community psychiatric inpatient hospitalization. Community Hospital and Evaluation and Treatment Center (E & T) services are an important component of care for people with acute psychiatric needs. Examining this data by Race/Ethnicity provides an additional understanding of the differences in acute services delivered to different ethnic minority groups.

Operational Measures: The total number of Community Hospital and E & T days in the Fiscal Year for each ethnic minority divided by the general population of each ethnic minority multiplied by 1000.

Formula:

Number of inpatient days (CH, E&T) in the Fiscal Year by Race/Ethnicity {Asian/Pac. Islander, Afr.American, Caucasian, Hispanic, Nat. American}

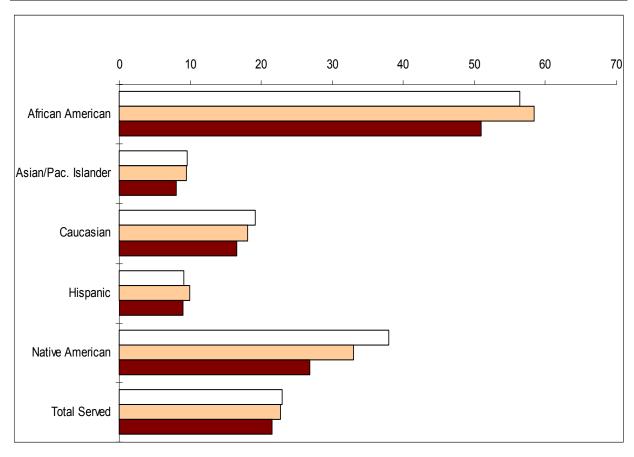
X 1000

Number of people in general population for each ethnic minority {Asian/Pac. Islander, Afr.American, Caucasian, Hispanic, Nat. American}

Discussion: The table shows that African Americans and Native Americans have a higher average number of Community Inpatient days than other ethnic minority groups. These rates are relatively stable across the three years.

- Race/ethnicity is calculated using the data elements of ethnicity and Hispanic origin. If Hispanic origin is reported as positive, then the individual is counted as Hispanic, and in no other category. In CY2002 multiracial is included in the other category.
- State totals include individuals with ethnicity listed as "other".
- Puget Sound Behavioral Health included only in FY2001.
- OFM estimates for ethnicity were only available for 2003. Fiscal Year 2000 census numbers are used for Fiscal Year 2001 and 2002.
- If a client has more than one ethnicity reported during a Fiscal Year, then the most recent ethnicity is used.
- Counts are of inpatient days.
- Community hospital data is based on Medicaid billing. Prior to July 01 Medicaid-Medicare crossovers were excluded from calculations.
- Counts are unduplicated across Community Hospitals and E&Ts and include the most recent dispute resolutions available at the time of publication.
- Due to a change in the processing of data for Puget Sound Behavioral Health, the number of people served in community inpatient settings are underreported for Pierce RSN in 2002 and 2003.

Access III.F.								Calc.SA	S 10/05/04
Doog/Ethnicity		FY01			FY02			FY03	
Race/Ethnicity	Population	# Days	Rate	Population	# Days	Rate	Population	# Days	Rate
African American	184,631	10,417	56.4	184,631	10,778	58.4	190,267	9,690	50.9
Asian/Pac. Islander	342,180	3,287	9.6	342,180	3,231	9.4	346,288	2,768	8.0
Caucasian	4,652,490	88,983	19.1	4,652,490	84,432	18.1	4,652,490	77,243	16.6
Hispanic	441,509	4,016	9.1	441,509	4,375	9.9	441,509	3,950	8.9
Native American	85,396	3,238	37.9	85,396	2,821	33.0	93,301	2,506	26.9
Total Served	5,706,206	130,836	22.9	5,706,206	129,360	22.7	5,723,855	123,118	21.5



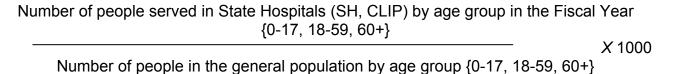
ACCESS IV. A. State Hospital Penetration Rates by Age

A. Operational Definition: Number of people served in Children's Long Term Inpatient (CLIP) facilities and State Hospitals per 1000 age group for a Fiscal Year.

Rationale for Use: The number of people served in State Hospitals and CLIP facilities per 1000 people provides information on the use of a high cost service, long-term psychiatric inpatient hospitalization. Examining this data by age provides an additional understanding of the differences in long-term hospitalization services delivered to youth, adults, and older adults

Operational Measures: The total number of people served in State Hospitals and CLIP by age group during the Fiscal Year Statewide divided by the general population of each age group, multiplied by 1000.

Formula:

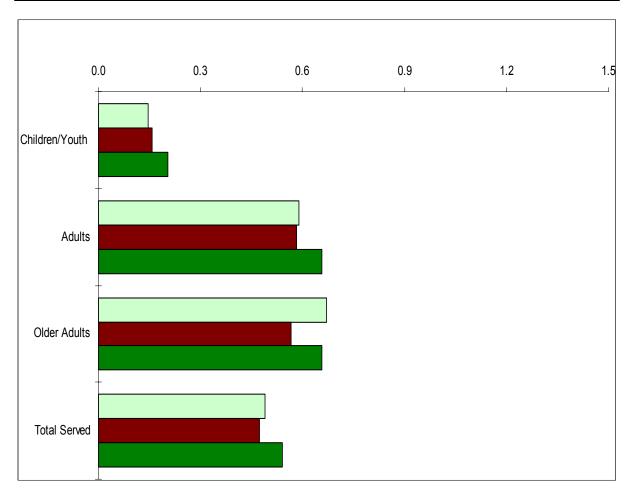


Discussion: CLIP facilities serve only children. Eastern State Hospital eliminated 28 beds in 2002 and Western State Hospital and the PALS program eliminated 150 beds in 2001 and 2002, for a total reduction in state hospital beds of approximately 178 beds over a two year period (ECS Project Overview, 3/26/03). These bed reductions may impact the penetration rate.

The table shows that the proportion of children/youth served in CLIP facilities remains small. The table also shows a very slight decrease in the proportion of adults served in state hospitals over the three year time period.

- CLIP facilities do not serve children under the age of 5.
- ▶ CLIP facilities include: Child Study & Treatment Center, Martin Center, McGraw Center, Pearl Street Center and Tamarack Center.
- For a copy of the ECS Project Overview, http://www1.dshs.wa.gov/Mentalhealth/
- Age is calculated as of January 1st for each Fiscal Year.
- Counts are of people, not admissions, episodes, or units of service.
- Population numbers for Fiscal Year 2001, 2002, and 2003 are based on Washington State's Office of Financial Management (OFM) estimates from the 2000 Census.

State Hospita	State Hospital Penetration Rates by Age											
Access IV.A.								Calc.SAS	5 10/05/04			
Age Group	Served	FY01 Population	Rate	Served	FY02 Population	Rate	Served	FY03 Population	Rate			
Children/Youth	222	1,520,895	0.1	240	1,522,647	0.2	308	1,513,843	0.2			
Adults	2,103	3,564,795	0.6	2,103	3,611,493	0.6	2,303	3,507,056	0.7			
Older Adults	597	889,210	0.7	514	907,560	0.6	574	873,253	0.7			
Total Served	2,923	5,974,900	0.5	2,858	6,041,700	0.5	3,187	5,894,152	0.5			



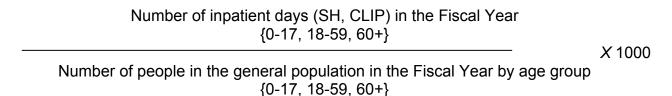
ACCESS IV. B. State Hospital Utilization Rates by Age

B. Operational Definition: Number of days spent in Children's Long-term Inpatient (CLIP) facilities and State Hospitals per 1000 age group for a Fiscal Year.

Rationale for Use: The rate of inpatient days per 1000 people provides a standard indicator of the amount of inpatient services being utilized. Combined with penetration rate, inpatient utilization provides information on the use of a high cost service – long-term psychiatric inpatient hospitalization. Examining this data by age provides an additional understanding of the differences in long-term hospitalization services delivered to different age groups.

Operational Measures: The total number of State Hospital and CLIP facility days in the Fiscal Year Statewide divided by the general population of each age group, multiplied by 1000.

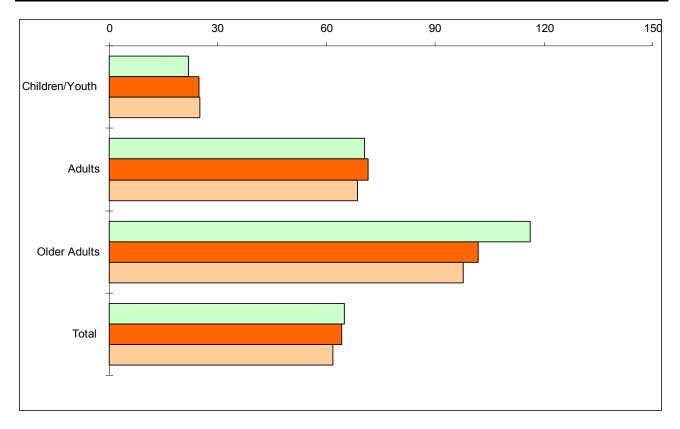
Formula:



Discussion: The number of state hospital days decreases for older adults and increases for children/youth across the three Fiscal Years. Older Adults show the most state hospital days compared to children and adults, even though the rate for older adults has decreased over the three years.

- Age is calculated as of January 1st for each Fiscal Year.
- Counts are of inpatient days.
- ▶ Population numbers for Fiscal Year 2001, 2002, and 2003 are based on Washington State's Office of Financial Management (OFM) estimates from the 2000 Census.
- ▶ CLIP facilities do not serve children under the age of 5.
- ▶ CLIP facilities include: Child Study & Treatment Center, Martin Center, McGraw Center, Pearl Street Center and Tamarack Center.

State Hospita	I Utilization	Rates By	Age						
Access IV. B.								Calc. S	AS 10/05/04
Age Group		FY01			FY02			FY03	
Age Group	Population	Days	Rate	Population	Days	Rate	Population	Days	Rate
Children/Youth	1,520,895	33,450	22.0	1,522,647	37,834	24.8	1,513,843	38,014	25.1
Adults	3,564,795	251,704	70.6	3,611,493	258,169	71.5	3,507,056	240,107	68.5
Older Adults	889,210	103,269	116.1	907,560	92,344	101.7	873,253	85,282	97.7
Total	5,974,900	388,427	65.0	6,041,700	388,486	64.3	5,894,152	363,591	61.7



ACCESS IV. C. State Hospital Penetration Rates by Race/Ethnicity

C. Operational Definition: Number of people served in State Hospitals and Children's Long-term Inpatient (CLIP) facilities by 1000 ethnic minority group for a Fiscal Year.

Rationale for Use: This indicator provides information on the use of a high cost service —long-term psychiatric inpatient hospitalization. Examining this data by Race/Ethnicity provides an additional understanding of the differences in long-term hospitalization services delivered to different ethnic minority groups.

Operational Measures: The number of people served in State Hospitals and CLIP during the Fiscal Year for each Race/Ethnicity divided by the total population of each ethnic group, multiplied by 1000.

Formula:

Number of people served (SH, CLIP) in the Fiscal Year by Race/Ethnicity {Asian/Pac Islander, African American, Caucasian, Hispanic, Native American}

X 1000

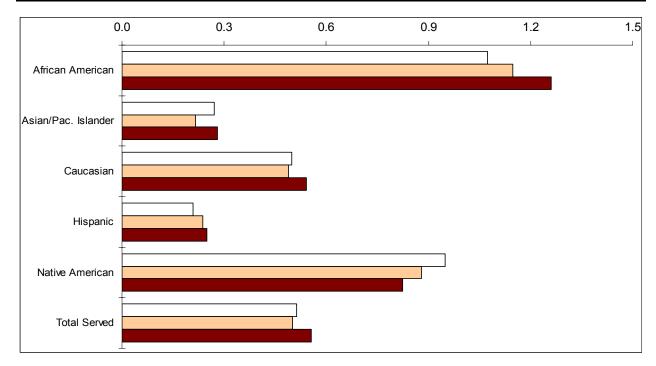
Number of people in general population for each Race/Ethnicity in a Fiscal Year {Asian/Pac Islander, African American, Caucasian, Hispanic, Native American}

Discussion: The table shows that a greater proportion of African Americans and Native Americans are served by State Hospital and CLIP facilities than any other ethnic minority group. However, using the same population numbers across 2 years assumes that the population has not increased over time which may lead to inflated penetration rates for Fiscal Year 2001 and Fiscal Year 2002 compared to what they would be with updated census numbers.

Eastern State Hospital eliminated 28 beds in 2002 and Western State Hospital and the PALS program eliminated 150 beds in 2001 and 2002, for a total reduction in state hospital beds of approximately 178 beds over a two year period (ECS Project Overview, 3/26/03). These bed reductions may impact the penetration rate.

- ▶ For a copy of the ECS Project Overview, contact Andy Toulon at the Mental Health Division.
- OFM estimates for ethnicity were only available for 2003. Fiscal Year 2000 census numbers are used for Fiscal Year 2001 and 2002.
- CLIP facilities do not serve children under the age of 5.
- ▶ CLIP facilities include: Child Study & Treatment Center, Martin Center, McGraw Center, Pearl Street Center and Tamarack Center.
- ▶ Eastern State Hospital eliminated 28 beds in 2002 and Western State Hospital and the PALS program eliminated 150 beds in 2001 and 2002, for a total reduction in state hospital beds of approximately 178 beds over a two-year period.
- Race/ethnicity is calculated using the data elements of ethnicity and Hispanic origin. If Hispanic origin is reported as positive, then the individual is counted as Hispanic, and in no other category. In CY2002, 2003 multiracial is included in the other category.
- If a client has more than one ethnicity reported during a Fiscal Year, then the most recent ethnicity is used
- Counts are people.

State Hospital Po	enetration	Rates by R	ace/Eth	nicity					
Access IV.C.								Calc. SAS	5 10/05/04
Race/Ethnicity		FY01			FY02			FY03	
Race/Eulincity	Served	Population	Rate	Served	Population	Rate	Served	Population	Rate
African American	198	184,631	1.1	212	184,631	1.1	240	190,267	1.3
Asian/Pac. Islander	93	342,180	0.3	74	342,180	0.2	97	346,288	0.3
Caucasian	2,318	4,652,490	0.5	2,271	4,652,490	0.5	2,525	4,652,490	0.5
Hispanic	92	441,509	0.2	105	441,509	0.2	110	441,509	0.2
Native American	81	85,396	0.9	75	85,396	0.9	77	93,301	0.8
Total Served	2,923	5,706,206	0.5	2,858	5,706,206	0.5	3,187	5,723,855	0.6



ACCESS IV. D. State Hospital Utilization Rates by Race/Ethnicity

D. Operational Definition: Number of Days Spent in State Hospitals and Children's Long-term Inpatient (CLIP) facilities by 1000 Ethnic Minority.

Rationale for Use: The rate of inpatient days per 1000 people provides a standard indicator of the amount of inpatient services being utilized. Combined with penetration rate, inpatient utilization provides information on the use of a high cost service —long-term psychiatric inpatient hospitalization. Examining this data by Race/Ethnicity provides an additional understanding of the differences in long-term hospitalization services delivered to different ethnic minority groups.

Operational Measures: The number of State hospital and CLIP days in the Fiscal Year for each Race/Ethnicity group divided by the total population of each Race/Ethnicity group, multiplied by 1000.

Formula:

Number of inpatient days (SH, CLIP) in the Fiscal Year {Asian/Pac. Islander, Afr. American, Caucasian, Hispanic, Native American}

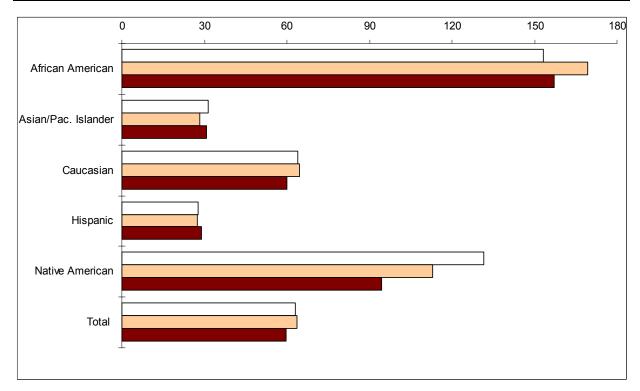
X 1000

Number of people in general population for each ethnic minority in the Fiscal Year {Asian/Pac. Islander, Afr. American, Caucasian, Hispanic, Native American}

Discussion: The table shows that African Americans and Native Americans have the most days in State Hospitals and CLIP facilities.

- OFM estimates for ethnicity were only available for 2003. Fiscal Year 2000 census numbers are used for Fiscal Year 2001 and 2002.
- Race/ethnicity is calculated using the data elements of ethnicity and Hispanic origin. If Hispanic origin is reported as positive, then the individual is counted as Hispanic, and in no other category. In CY2002 multiracial is included in the other category.
- If a client has more than one ethnicity reported during a Fiscal Year, then the most recent ethnicity is used
- Counts are inpatient days.
- ▶ CLIP facilities do not serve children under the age of 5.
- ▶ CLIP facilities include: Child Study & Treatment Center, Martin Center, McGraw Center, Pearl Street Center and Tamarack Center.

State Hospital Ut	ilization Ra	ites by F	Race/Eth	nicity					
Access IV.D.								Calc. S/	AS 10/05/04
Doog/Ethnicity		FY01			FY02			FY03	
Race/Ethnicity	Population	# Days	Rate	Population	# Days	Rate	Population	# Days	Rate
African American	184,631	28,261	153.1	184,631	31,289	169.5	190,267	29,916	157.2
Asian/Pac. Islander	342,180	10,687	31.2	342,180	9,718	28.4	346,288	10,604	30.6
Caucasian	4,652,490	297,299	63.9	4,652,490	301,040	64.7	4,652,490	279,308	60.0
Hispanic	441,509	12,231	27.7	441,509	12,158	27.5	441,509	12,717	28.8
Native American	85,396	11,236	131.6	85,396	9,649	113.0	93,301	8,815	94.5
Total	5,706,206	359,714	63.0	5,706,206	363,475	63.7	5,723,855	341,360	59.6



ACCESS IV. E. State Hospital Penetration Rates by RSN

E. Operational Definition: Number of adults (18 years or older) served in State Hospitals per 1000 by RSN for a Fiscal Year.

Rationale for Use: The number of adults (18 years or older) served in State Hospitals and per 1000 people provides information on the use of a high cost service, long-term psychiatric inpatient hospitalization.

Operational Measures: The total number of adults (18 years or older) served in State Hospitals by RSN during the Fiscal Year divided by the general population of adults, multiplied by 1000.

Formula:

Number of adults (18 years or older) served in State Hospitals by RSN in the

Fiscal Year

X 1000

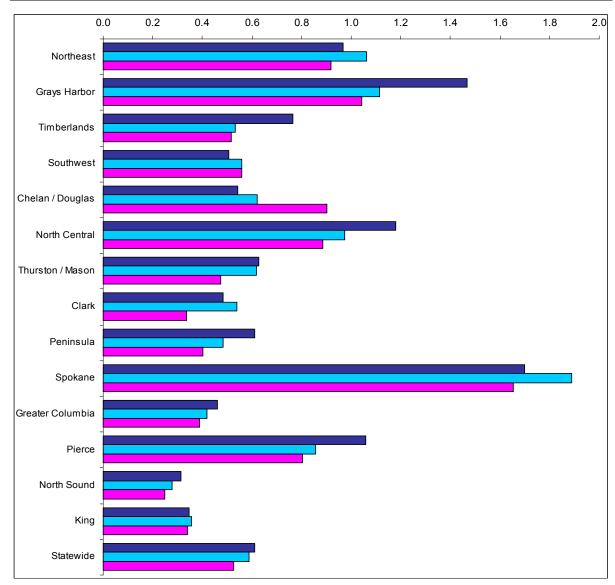
Number of adults (18 years or older) in the general population by RSN

Discussion: The table shows the number of adults served in Eastern and Western State Hospitals by RSN. Penetration rates remain fairly stable across the 3 fiscal years.

Eastern State Hospital eliminated 28 beds in 2002 and Western State Hospital and the PALS program eliminated 150 beds in 2001 and 2002, for a total reduction in state hospital beds of approximately 178 beds over a two year period (ECS Project Overview, 3/26/03). These bed reductions may impact the penetration rate.

- ▶ For a copy of the ECS Project Overview, contact Andy Toulon at the Mental Health Division.
- Age is calculated as of January 1st for each Fiscal Year.
- Counts are of people, not admissions, episodes, or units of service.
- ▶ Population numbers for Fiscal Year 2001, 2002, and 2003 are based on Washington State's Office of Financial Management (OFM) estimates from the 2000 Census.

State Hospital P	enetration	Rates by	RSN						
Access IV.E.								Calc. S	AS 11/30/04
		FY01			FY02			FY03	
RSN							# of		
	# Adults Served	Population	Rate	# Adults Served	Population	Rate	Adults Served	Population	Rate
Northeast	49	50,599			50,897		46	50,136	
Grays Harbor	75	51,089	1.5	57	51,213	1.1	52	49,943	1.0
Timberlands	54	70,708	0.8	38	71,507	0.5	36	69,807	0.5
Southwest	35	68,990	0.5	39	69,636	0.6	38	68,043	0.6
Chelan / Douglas	39	71,728	0.5	45	72,592	0.6	64	70,981	0.9
North Central	108	91,581	1.2	90	92,400	1.0	80	90,197	0.9
Thurston / Mason	123	195,528	0.6	122	197,963	0.6	91	192,614	0.5
Clark	122	252,384	0.5	141	261,104	0.5	83	246,253	0.3
Peninsula	149	243,276	0.6	119	245,606	0.5	97	241,075	0.4
Spokane	535	314,788	1.7	601	318,313	1.9	513	310,439	1.7
Greater Columbia	199	432,755	0.5	184	438,482	0.4	166	427,105	0.4
Pierce	552	521,077	1.1	455	531,422	0.9	411	510,251	0.8
North Sound	227	723,086	0.3	204	735,135	0.3	176	707,046	0.2
King	475	1,366,415	0.3	493	1,382,785	0.4	459	1,346,388	0.3
Statewide	2,727	4,454,005	0.6	2,653	4,519,053	0.6	2,302	4,380,278	0.5



ACCESS IV. F. State Hospital Utilization Rates by RSN

F. Operational Definition: Number of Days Adults Spent in State Hospitals per 1000 Population by RSN.

Rationale for Use: This indicator provides a standard rate of the amount of inpatient services being utilized. Combined with penetration rate, inpatient utilization provides information on the use of a high cost service, long-term psychiatric inpatient hospitalization.

Operational Measures: The number of State hospital days for adults (18 years or older) in the Fiscal Year for each RSN divided by the total population of adults (18 years or older) in each RSN, multiplied by 1000.

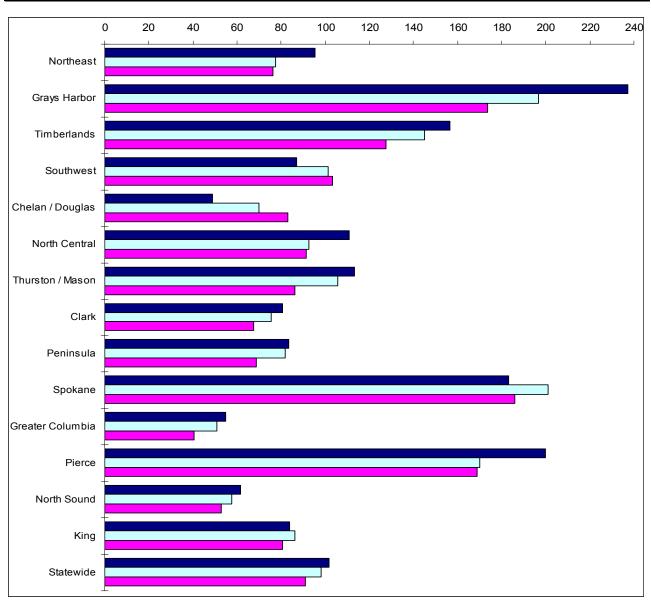
Formula:	Number of inpatient days for adults in the Fiscal Year	<i>X</i> 1000
	Number of adults in general population in the Fiscal Year	A 1000

Discussion: This indicator shows the number of State Hospital days for each RSN. Overall, utilization of the state hospitals has decreased.

Eastern State Hospital eliminated 28 beds in 2002 and Western State Hospital and the PALS program eliminated 150 beds in 2001 and 2002, for a total reduction in state hospital beds of approximately 178 beds over a two year period (ECS Project Overview, 3/26/03). These bed reductions may impact the penetration rate.

- A copy of the ECS Project Overview, is available on the Mental Health Division's website http://www1.dshs.wa.gov/Mentalhealth
- State hospitals include Eastern and Western State hospitals.
- OFM estimates for ethnicity were only available for 2003. Fiscal Year 2000 census numbers are used for Fiscal Year 2001 and 2002.
- Counts are inpatient days.

State Hospital U	tilization R	ates by F	RSN						
Access IV.F.								Calc. SA	S 11/30/04
RSN	<u>FY01</u>				FY02			FY03	
KON	# Adults	# Days	Rate	# Adults	# Days	Rate	# Adults	# Days	Rate
Northeast	37,075	3,533	95.3	37,236	2,887	77.5	36,728	2,809	76.5
Grays Harbor	37,335	8,855	237.2	37,376	7,349	196.6	36,493	6,330	173.5
Timberlands	49,417	7,733	156.5	49,923	7,242	145.1	48,759	6,222	127.6
Southwest	52,471	4,574	87.2	52,877	5,359	101.3	51,765	5,349	103.3
Chelan / Douglas	54,260	2,661	49.0	54,821	3,834	69.9	53,716	4,455	82.9
North Central	70,289	7,785	110.8	70,808	6,566	92.7	69,238	6,329	91.4
Thurston / Mason	152,849	17,298	113.2	154,543	16,342	105.7	150,573	12,995	86.3
Clark	206,748	16,714	80.8	213,544	16,113	75.5	201,831	13,644	67.6
Peninsula	185,600	15,491	83.5	187,135	15,281	81.7	183,899	12,639	68.7
Spokane	247,105	45,218	183.0	249,470	50,129	200.9	243,787	45,313	185.9
Greater Columbia	342,324	18,742	54.7	346,379	17,594	50.8	337,983	13,681	40.5
Pierce	423,440	84,554	199.7	431,136	73,371	170.2	414,860	70,103	169.0
North Sound	583,669	35,853	61.4	592,519	34,139	57.6	570,893	30,178	52.9
King	1,122,212	94,095	83.8	1,133,727	97,717	86.2	1,106,531	89,446	80.8
Statewide	3,564,795	363,106	101.9	3,611,493	353,923	98.0	3,507,056	319,493	91.1



ACCESS V. A. Youth & Parent Perception of Access by RSN

A. Operational Definition: Percentage of youth and parents/caregivers agreeing or strongly agreeing with the items on the MHSIP Youth/Family Survey-Access Scale by RSN.

Rationale for Use: Timely and convenient access to services is a major value held by the public mental health system and is a major factor in ensuring that intervention occurs as soon as possible to prevent further deterioration in a person's health and well-being.

Operational Measures: The percentage of <u>youth or parents/caregivers</u> with an average score greater than 3.5 (agree/strongly agree) on items 21 and 22 on the MHSIP

- Two items are used to construct the Access to Services Scale:
 - ♦ (21) the location of services was convenient for (me)us
 - ◊ (22) services were available at times that were good for (me) us.

Formula:

Take the average of items 21 and 22.

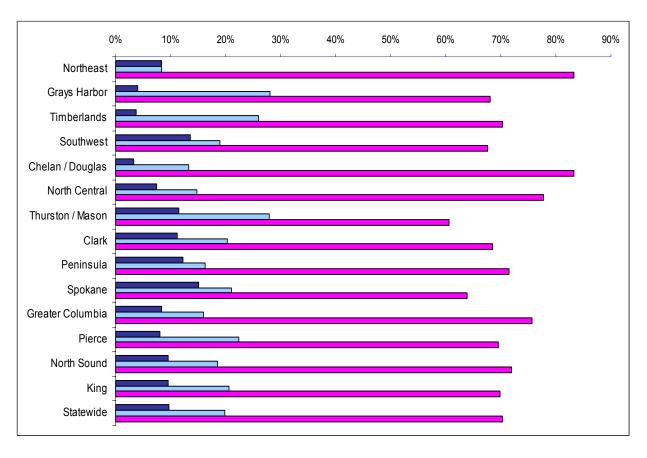
Number of respondents with an average score within respective ranges on items 21 and 22 by RSN

Number of respondents to the survey by RSN

Discussion: This indicator shows the percentage of youth and parents/caregivers of youth who agree or strongly agree (mean score above 3.5) that services are accessible by RSN. The overall agreement rate was 70.3%. Agreement rates varied by RSN from a low of 63.9% items to a high of 83.3% agreeing. These results are similar to statewide results found in the 2001 survey.

- Data Source is MHSIP Youth and Family Survey.
- ▶ The Youth and Family MHSIP Survey is a confidential, self-reported measure conducted every other year.
- Youth 13 years of age or older fill out the Youth Survey. For child/youth less than 13 years of age their parent/caregiver completes the Family Survey.
- Trained telephone interviewers conducted the survey using a CATI system.
- The response rate for the survey was 44%.
- Copies of the report <u>Toolkit for Children's Survey 2002</u> are available on the Mental Health Division's website http://www1.dshs.wa.gov/Mentalhealth or on The Washington Institute's Webpage http://depts.washington.edu/wimirt/Publications.htm

Youth and Parent/C	aregiver's P	erception of	Access by I	RSN			
Access V.A.		F	Y2003 - Only	y		Calc. S	PSS 03/2003
		You	th and Parer	nt/Caregiver	s Perceptior	1	
RSN		Strongly Disa	gree/Disagree	Unde	cided	Strongly Agre	ee/Agree
	Total	Total with Score	%	Total with Score	%	Total with Score	%
Northeast	12	1	8.3%	1	8.3%	10	83.3%
Grays Harbor	25	1	4.0%	7	28.0%	17	68.0%
Timberlands	27	1	3.7%	7	25.9%	19	70.4%
Southwest	37	5	13.5%	7	18.9%	25	67.6%
Chelan / Douglas	30	1	3.3%	4	13.3%	25	83.3%
North Central	27	2	7.4%	4	14.8%	21	77.8%
Thurston / Mason	61	7	11.5%	17	27.9%	37	60.7%
Clark	89	10	11.2%	18	20.2%	61	68.5%
Peninsula	49	6	12.2%	8	16.3%	35	71.4%
Spokane	133	20	15.0%	28	21.1%	85	63.9%
Greater Columbia	156	13	8.3%	25	16.0%	118	75.6%
Pierce	161	13	8.1%	36	22.4%	112	69.6%
North Sound	232	22	9.5%	43	18.5%	167	72.0%
King	272	26	9.6%	56	20.6%	190	69.9%
Statewide	1,311	128	9.8%	261	19.9%	922	70.3%



ACCESS V. B. Adults' Perception of Access by RSN

B. Operational Definition: Percentage of adults agreeing or strongly agreeing with the items on the MHSIP Consumer Survey-Access Scale by RSN.

Rationale for Use: Timely and convenient access to services is a major value held by the public mental health system and is a major factor in ensuring that intervention occurs as soon as possible to prevent further deterioration in a person's health and well-being.

Operational Measures: The percentage of <u>adults</u> (18 years or above) with an average score greater than 3.5 (agree/strongly agree) on items 4, 5, 6, 7, 8, and 9 on the MHSIP Adult Consumer survey by RSN.

- Six items are used to construct the Access to Services Scale:
 - ♦ (4) The location of services was convenient.
 - ♦ (5) Staff were willing to see me as often as I felt necessary.
 - ♦ (6) Staff returned my calls within 24 hours.
 - ♦ (7) Services were available at times that were good for me.
 - ♦ (8) I was able to get all the services I thought I needed.
 - ♦ (9) I was able to see a psychiatrist when I wanted to.

Formula:

Take the average of items 4, 5, 6, 7, 8, and 9.

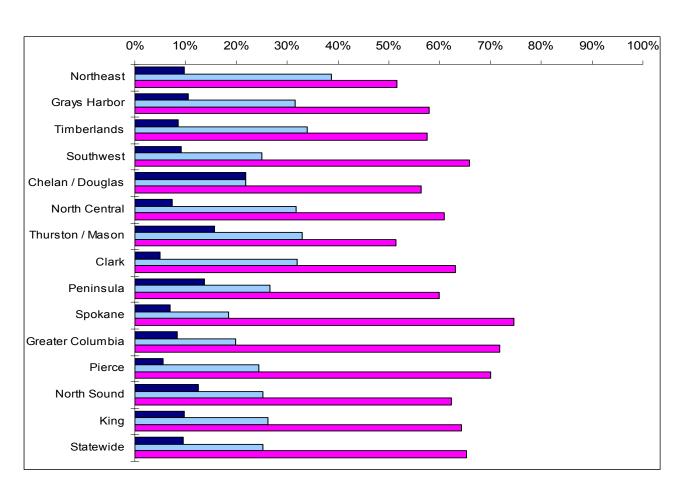
Number of adults with an average score within respective ranges on items 4, 5, 6, 7, 8, and 9 by RSN

Number of respondents to the survey by RSN

Discussion: This indicator shows the percentage of adults who agree or strongly agree that services are accessible by RSN. The overall agreement rate was 65.2% varied by RSN from a low of 57.6 to a high of 76.9% agreeing. These results are similar to statewide results found in Fiscal Year 2002 survey.

- Data Source is MHSIP Consumer Survey.
- The MHSIP Consumer Survey is a confidential, self-reported measure conducted every other year. The survey was conducted in the Spring of 2004.
- Adults 18 years or older complete the MHSIP Consumer Survey.
- ▶ Trained telephone interviewers conducted the survey using the CATI system.
- The response rate for the survey was 33%.
- A copy of report <u>Perceptions of Mental Health Services 2004 Adult Consumer Survey</u> prepared by The Washington Institute for Mental Illness Research and Training Western Branch is available on the Mental Health Division's website http://www1.dshs.wa.gov/Mentalhealth or on the Washington Institute's Webpage http://depts.washington.edu/wimirt/Publications.htm.
- The items used to construct the scale for this indicator is based on the most recent MHSIP survey workgroup recommendations. The scale differs from the scale used in the <u>Perceptions of Mental Health Services 2004 Adult Consumer Survey</u> report that used previously recommended items.

Adults' Percept	Adults' Perception of Access by RSN											
			FY2004 -	Only								
Access V.B.				-		Calc. SF	PSS 10/06/04					
	Adults' Perception											
RSN		Strongly Disagree/Disagree		Undeci	ded	Strongly Agree/Agree						
		Total with		Total with		Total with						
	Total	Score	%	Score	%	Score	%					
Northeast	31	3	9.7%	12	38.7%		51.6%					
Grays Harbor	19	2	10.5%	6	31.6%	11	57.9%					
Timberlands	59	5	8.5%	20	33.9%	34	57.6%					
Southwest	76	7	9.2%	19	25.0%	50	65.8%					
Chelan / Douglas	32	7	21.9%	7	21.9%	18	56.3%					
North Central	41	3	7.3%	13	31.7%	25	61.0%					
Thurston / Mason	70	11	15.7%	23	32.9%	36	51.4%					
Clark	100	5	5.0%	32	32.0%	63	63.0%					
Peninsula	132	18	13.6%	35	26.5%	79	59.8%					
Spokane	189	13	6.9%	35	18.5%	141	74.6%					
Greater Columbia	291	24	8.2%	58	19.9%	209	71.8%					
Pierce	164	9	5.5%	40	24.4%	115	70.1%					
North Sound	175	22	12.6%	44	25.1%	109	62.3%					
King	528	51	9.7%	138	26.1%	339	64.2%					
Statewide	1,907	180	9.4%	482	25.3%	1,245	65.3%					



QUALITY VI. A. Youth and Parent Perception of Quality and Appropriateness by RSN

A. Operational Definition: Percentage of youth and parents/caregivers agreeing or strongly agreeing with the items on the MHSIP Youth/Family Survey - Quality and Appropriateness Scale by RSN.

Rationale for Use: Research suggests that a positive therapeutic relationship between mental health consumers and mental health service providers results in more positive outcomes. Sensitivity to and respect for the consumer; collaboration between the consumer and the mental health provider, consumers' perceptions of competent staff, and good quality of care contribute to a consumer's willingness to remain in treatment.

Operational Measures: The percentage of <u>youth and parents/caregivers</u> with an average score greater than 3.5 (agree/strongly agree) on items 27, 29, 30, & 31 on the MHSIP Youth or Family Survey by RSN.

- Four items are used in the Quality and Appropriateness of Services Scale :
 - ♦ (27) Staff treated me with respect;
 - ♦ (29) Staff respected my family's religious/spiritual beliefs;
 - ♦ (30) Staff spoke with me in a way that I understood;
 - ♦ (31) Staff were sensitive to my cultural/ethnic background.

Formula:

Take the average of items 27, 29, 30, 31

Number of respondents with an average score within respective ranges on item 27, 29, 30, 31 by RSN

Number of respondents to the survey by RSN

Discussion: This indicator shows youth and parent/caregiver perceptions of the quality and appropriateness of services. The overall agreement rate was 86.3%. Agreement rates varied by RSN from a low of 73% to a high of 93.3%. These results are similar to statewide results found in the Fiscal Year 2001 survey.

- Data Source is MHSIP Youth or Family Survey.
- ▶ The MHSIP Youth or Family Survey is a confidential, self-reported measure conducted every other year. The first time the survey was conducted was in Fiscal Year 2000 and the second time was in Fiscal Year 2002.
- ▶ Youth 13 through 21 years of age fill out the Youth Survey. For child/youth less than 13 years of age their parent/caregiver completes the Family Survey.
- Trained consumer telephone interviewers conducted the survey using a CATI system.
- ▶ The response rate for the survey was 44%.
- Copy of the report <u>Toolkit for Children's Survey 2002</u> prepared by The Washington Institute for Mental Illness Research and Training Western Branch is available from: MHD's website: http://www1.dshs.wa.gov/Mentalhealth/ or on The Washington Institute's Webpage http://depts.washington.edu/wimirt/Publications.htm.
- The scales used to construct the scale for this indicator is based on the most recent MHSIP survey workgroup recommendations. The scale differs from the scale used in the <u>Perceptions of Mental Health Services 2004 Adult Consumer Survey</u> report, which used previously recommended items.

Youth and Pare	nt Percer		Quality & FY 2003-		iateness		c. SPSS 03/24/2004					
		Youth and Parent/Caregiver Perception										
RSN	Total	Stro Disagree	ngly Disagree	Unde	Undecided		Strongly Agree/Agree					
		Total with		Total with		Total with						
		Score	%	Score	%	Score	%					
Northeast	12	0	0.0%	4	33.3%	8	66.7%					
Grays Harbor	25	0	0.0%	2	8.0%	23	92.0%					
Timberlands	27	1	3.7%	3	11.1%	23	85.2%					
Southwest	37	5	13.5%	5	13.5%	27	73.0%					
Chelan / Douglas	30	0	0.0%	2	6.7%	28	93.3%					
North Central	27	0	0.0%	4	14.8%	23	85.2%					
Thurston / Mason	61	4	6.6%	6	9.8%	51	83.6%					
Clark	89	5	5.6%	9	10.1%	75	84.3%					
Peninsula	49	0	0.0%	8	16.3%	41	83.7%					
Spokane	133	5	3.8%	17	12.8%	111	83.5%					
Greater Columbia	156	1	0.6%	20	12.8%	135	86.5%					
Pierce	161	2	1.2%	14	8.7%	145	90.1%					
North Sound	232	2	0.9%	27	11.6%	203	87.5%					

1.8%

10.7%

238

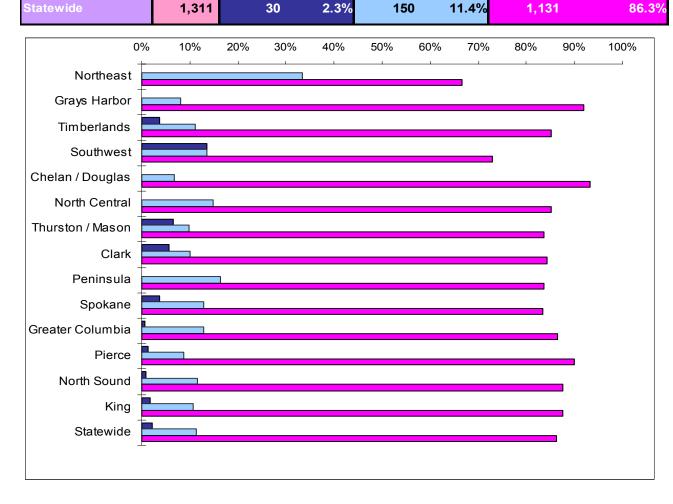
87.5%

29

272

King

5



QUALITY VI. B. Adults' Perception of Quality and Appropriateness by RSN

B. Operational Definition: Percentage of adults (18 years or above) agreeing or strongly agreeing with the items on the MHSIP Adult Consumer Survey - Quality and Appropriateness Scale by RSN.

Rationale for Use: Research suggests that a positive therapeutic relationship between mental health consumers and mental health service providers results in more positive outcomes. Sensitivity to and respect for the consumer, collaboration between the consumer and the mental health provider, consumers' perceptions of competent staff, and good quality of care contribute to a consumer's willingness to remain in treatment.

Operational Measures: The percentage of <u>adults</u> with an average score greater than 3.5 (agree/strongly agree) on items 10, 12, 13, 14, 15, 16, 18, 19, 20 on the Adult Consumer MHSIP Survey by RSN.

- ♦ Nine items are used in the Quality and Appropriateness of Services Scale :
 - ♦ (10) Staff there believes I can grow and change and recover.
 - ♦ (12) I feel free to complain.
 - ♦ (13) I was given information about my rights.
 - ♦ (14) Staff encouraged me to take responsibility for how I live my life.
 - ♦ (15) Staff told me what side effects of my medication to watch out for.
 - ♦ (16) Staff respected my wishes about who is and who is not to be given information about my treatment.
 - ♦ (18) Staff was sensitive to my cultural background (such as my race, religion, language, etc.)
 - (19) Staff helped me obtain the information I needed so that I could take charge of managing my illness.
 - (20) I was encouraged to use consumer-run programs such as support groups, drop-in centers, crisis phone lines, etc.

Formula:

Take the average of items 10, 12, 13, 14, 15, 16, 18, 19, 20

Number of respondents with an average score within respective ranges on items listed above by RSN

Number of respondents to the survey by RSN

Discussion: This indicator shows adult perceptions of the quality and appropriateness of services by RSN. The overall agreement rate was 76.7%. Agreement rates varied by RSN from a low of 68.8% to a high of 80.1%. These results are similar to statewide results found in Fiscal Year 2002 survey.

- Data Source is MHSIP Adult Consumer Survey, which is a confidential, self-reported measure conducted every other year. The survey was conducted in Fiscal Year 2004.
- ▶ Adults 18 years or older are interviewed for the Adult Consumer Survey.
- Trained consumer telephone interviewers conducted the survey using the CATI system.
- ▶ The response rate for the survey was 33%.
- A copy of report <u>Perceptions of Mental Health Services 2002 Adult Consumer Survey</u> prepared by The Washington Institute for Mental Illness Research and Training Western Branch is available on the Mental Health Division's website http://www1.dshs.wa.gov/Mentalhealth or from the Washington Institute's website http://depts.washington.edu/wimirt/Publications.htm.
- ▶ The scales used to construct the scale for this indicator is based on the most recent MHSIP survey workgroup recommendations. The scale differs from the scale used in the <u>Perceptions of Mental Health Services 2004 Adult Consumer Survey</u> report, which used previously recommended items.

Adult s' Perception of Quality & Appropriateness by RSN FY 2004-ONLY											
Quality VI.B. Calc. SPSS 10/06/04											
Adult Consumers' Perception											
RSN	Total	Stro Disagree/ Total with	ngly /Disagree	Unde	cided	Strongly Agree/Agree Total with					
		Score	%	Score	%		%				
Northeast	31	1	3.2%	8	25.8%	22	71.0%				
Grays Harbor	19	0	0.0%	4	21.1%	15	78.9%				
Timberlands	59	1	1.7%	13	22.0%	45	76.3%				
Southwest	73	4	5.5%	11	15.1%	58	79.5%				
Chelan / Douglas	32	1	3.1%	9	28.1%	22	68.8%				
North Central	41	1	2.4%	8	19.5%	32	78.0%				
Thurston / Mason	71	6	8.5%	12	16.9%	53	74.6%				
Clark	100	2	2.0%	20	20.0%	78	78.0%				
Peninsula	132	6	4.5%	31	23.5%	95	72.0%				
Spokane	185	8	4.3%	34	18.4%	143	77.3%				
Greater Columbia	291	6	2.1%	52	17.9%	233	80.1%				
Pierce	161	4	2.5%	32	19.9%	125	77.6%				
North Sound	175	5	2.9%	28	16.0%	142	81.1%				

2.7%

14

521

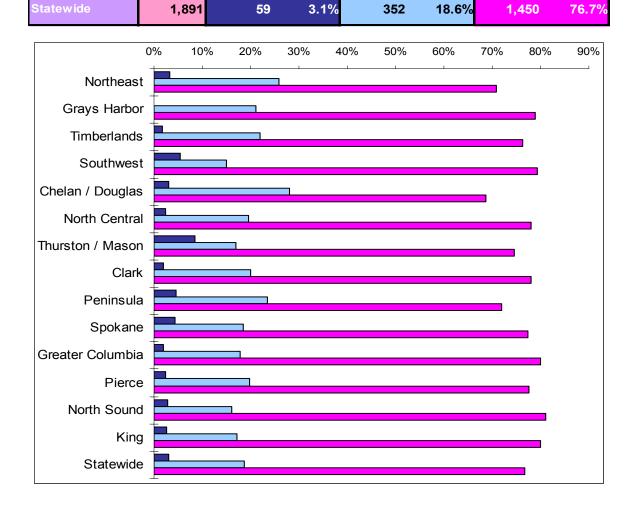
King

417

80.0%

17.3%

90



QUALITY VI. C. Youth and Parent Perception of Participation in Treatment by RSN

C. Operational Definition: Percentage of youth and parents/caregivers agreeing or strongly agreeing with the items on the MHSIP Youth/Family Survey -Participation in Treatment Scale.

Rationale for Use: Research suggests that consumer's involvement in treatment results in better outcomes. It promotes self-determination and empowerment and facilitates partnership between service providers and consumers. Treatment and involvement of family members and consumers is a major value held by the public mental health system.

Operational Measures: The percentage of <u>youth and parents/caregivers</u> with an average score greater than 3.5 (agree/strongly agree) on items 14, 15, and 19 on the MHSIP Youth/Family Survey for a Fiscal Year by RSN.

- ◆ Three items are used in the Participation in Treatment Scale:
 - ♦ (14) I helped to choose my (child's) services;
 - ♦ (15) I helped to choose my (child's) treatment goals.
 - ♦ (19) I was actively involved in my (child's) treatment.

Formula:

Take the average of items 14, 15, and 19

Number of respondents with an average score within respective ranges on items 14, 15, and 19 by RSN

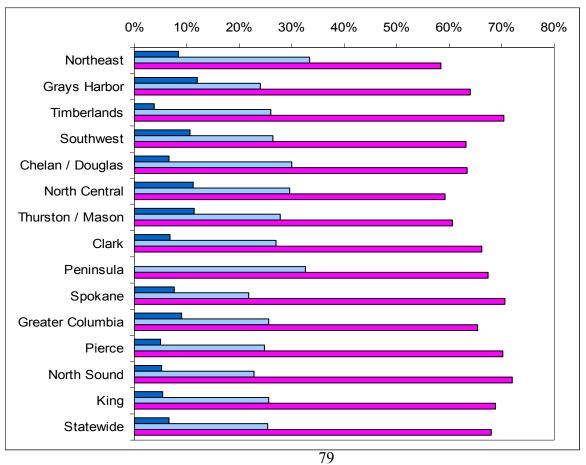
Number of respondents to the survey by RSN

Discussion: This indicator shows youth and parents/caregivers perception of their participation in treatment. The overall agreement rate was 68.1%. Agreement rates varied by RSN from a high of 72% to a low of 58.3%. These results are similar to statewide results found in the Fiscal Year 2001 survey.

- Data Source is MHSIP Youth or Family Survey, which is a confidential, self-reported measure conducted every other year. The first time the survey was conducted was in Fiscal Year 2001 and the second time was in Fiscal Year 2003.
- ▶ Youth 13 through 21 years of age fill out the Youth Survey. For child/youth less than 13 years of age their parent/caregiver completes the Family Survey.
- Trained consumer telephone interviewers conducted the survey using the CATI system.
- ▶ The response rate for the Fiscal Year 2003 survey was 44%.
- A copy of report <u>Children with Special Needs Survey 2001</u> and <u>Toolkit for Children's Survey 2002</u> prepared by The Washington Institute for Mental Illness Research and Training Western Branch is available on the Mental Health Division's website http://www1.dshs.wa.gov/Mentalhealth or on the Washington Institute's Webpage http://depts.washington.edu/wimirt/Publications.htm.

Youth and Parent/Caregiver's Perception of Participation in Treatment **FY 2003 - ONLY**

Quality VI.C.						Cald	c. 03/2003 SPSS				
	Youth and Family/Caregiver Perception										
RSN	Total	Strongly Disagree/Disagree		Und	lecided		Strongly Agree/Agree				
	Total	Total		Total		Total					
		with		with		with					
		Score	%	Score	%	Score	%				
Northeast	12	1	8.3%	4	33.3%	7	58.3%				
Grays Harbor	25	3	12.0%	6	24.0%	16	64.0%				
Timberlands	27	1	3.7%	7	25.9%	19	70.4%				
Southwest	38	4	10.5%	10	26.3%	24	63.2%				
Chelan / Douglas	30	2	6.7%	9	30.0%	19	63.3%				
North Central	27	3	11.1%	8	29.6%	16	59.3%				
Thurston / Mason	61	7	11.5%	17	27.9%	37	60.7%				
Clark	89	6	6.7%	24	27.0%	59	66.3%				
Peninsula	49	0	0.0%	16	32.7%	33	67.3%				
Spokane	133	10	7.5%	29	21.8%	94	70.7%				
Greater Columbia	156	14	9.0%	40	25.6%	102	65.4%				
Pierce	161	8	5.0%	40	24.8%	113	70.2%				
North Sound	232	12	5.2%	53	22.8%	167	72.0%				
King	273	15	5.5%	70	25.6%	188	68.9%				
Statewide	1,313	86	6.5%	333	25.4%	894	68.1%				



QUALITY VI. D. Adults' Perception of Participation in Treatment Planning by RSN

D. Operational Definition: Percentage of adult consumers agreeing or strongly agreeing with the items on the MHSIP Adult Consumer Survey -Participation in Treatment Planning Scale by RSN.

Rationale for Use: Research suggests that consumer's involvement in treatment results in better outcomes. It promotes self-determination and empowerment and facilitates partnership between service providers and consumers. Participation and involvement of consumers is a major value held by the public mental health system.

Operational Measures: The percentage of adult consumers with an average score greater than 3.5 (agree/strongly agree) on items 11 and 17on the MHSIP Adult Consumer Survey for a Fiscal Year by RSN.

- Two items are used in the Participation in Treatment Scale:
 - (11) I felt comfortable asking questions about my treatment and/or medications
 - (17) I, not staff, decided my treatment goals.

Formula:

Take the average of items 11 and 17

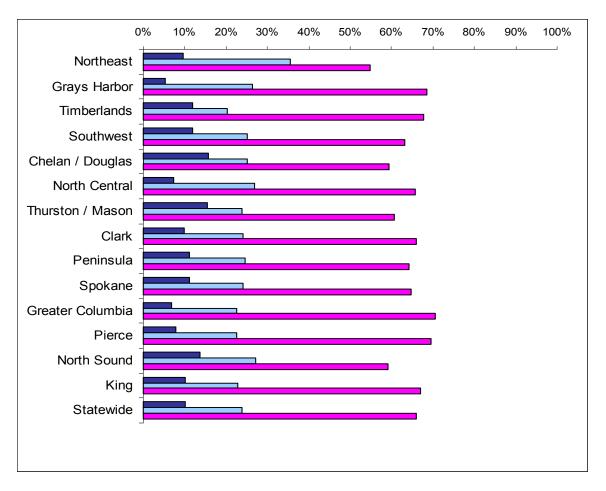
Number of respondents with an average score within respective ranges on items 11 and 17 by RSN

Number of respondents to the survey by RSN

Discussion: This indicator shows the percentage of adult consumers who agree or strongly agree that they participate in planning their own services. The overall agreement rate was 65.9%. Agreement rates varied by RSN from a low of 54.8% to a high of 70.5%. These results are consistent with national survey results, although this indicator shows markedly lower agreement rates than other indicators from the MHSIP Consumer Surveys.

- Data Source is MHSIP Consumer Survey, which is a confidential, self-reported measure conducted every other year. The survey was conducted in the Spring of 2004.
- Adults 18 years or older are interviewed for the survey.
- Trained consumer telephone interviewers conducted the survey using a CATI system.
- The response rate for the survey was 33%.
- A copy of report Perceptions of Mental Health Services 2004 Adult Consumer Survey prepared by The Washington Institute for Mental Illness Research and Training Western Branch is on the Mental Health Division's website http://www1.dshs.wa.gov/Mentalhealth or on the Washington Institute's Webpage: http://depts.washington.edu/wimirt/Publications.htm.

Adults' Perce	Adults' Perception of Participation in Treatment by RSN FY 2004 - ONLY										
Quality VI.D. Calc. SPSS 10/06/04											
·	n										
RSN	Total	Stro Disagree/		Unde	cided	Stroi Agree/					
	7014.	Total with Score	%	Total with Score	%	Total with Score	%				
Northeast	31	3	9.7%	11	35.5%	17	54.8%				
Grays Harbor	19	1	5.3%	5	26.3%	13	68.4%				
Timberlands	59	7	11.9%	12	20.3%	40	67.8%				
Southwest	76	9	11.8%	19	25.0%	48	63.2%				
Chelan / Douglas	32	5	15.6%	8	25.0%	19	59.4%				
North Central	41	3	7.3%	11	26.8%	27	65.9%				
Thurston / Mason	71	11	15.5%	17	23.9%	43	60.6%				
Clark	100	10	10.0%	24	24.0%	66	66.0%				
Peninsula	134	15	11.2%	33	24.6%	86	64.2%				
Spokane	190	21	11.1%	46	24.2%	123	64.7%				
Greater Columbia	292	20	6.8%	66	22.6%	206	70.5%				
Pierce	164	13	7.9%	37	22.6%	114	69.5%				
North Sound	176	24	13.6%	48	27.3%	104	59.1%				
King	528	54	10.2%	120	22.7%	354	67.0%				
Statewide	1,913	196	10.2%	457	23.9%	1,260	65.9%				



QUALITY VII. A. Children/Youth Treatment Settings

A. Operational Definition: Percentage of children/youth (0-17 years) who received outpatient mental health services in the home, at school, or outside the mental health provider agency at any time during a Fiscal Year.

Rationale for Use: Providing services outside of the mental health provider agency is a value of the mental health system. It is a measure of outreach that can facilitate access to services, decrease treatment barriers and decrease the stigma associated with the provision of mental health services.

Operational Measures: This is measured by the total number of children/youth (0-17 years) who received services in the home, at school, and outside the mental health agency at any time during a Fiscal Year divided by the total number of children/youth (0-17 years) who received outpatient services in the same Fiscal Year.

Formula:

Number of children/youth (0-17 years) who received outpatient services at any time during the Fiscal Year by RSN {at home, school, or outside MH office}

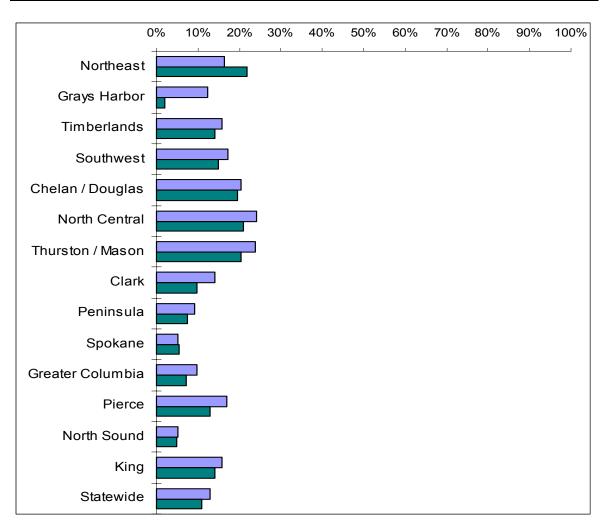
> Number of children/youth (0-17 years) who received outpatient services during the Fiscal Year by RSN

Discussion: This indicator shows the percentage of children/youth who received outpatient services in their home, at school, and in other settings outside of the mental health provider agency. The number of children receiving services in their homes or schools increased over the two years.

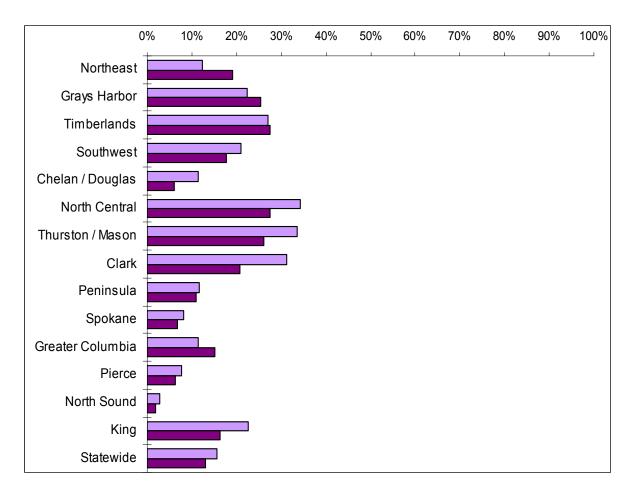
- A child/youth could receive services in more than one of these settings in a year; therefore, the count across categories of service setting is duplicated.
- Age is calculated as of January 1st for each Fiscal Year.

 <u>Prior to January 2002</u>, "Service Location" in the January 2000 Data Dictionary is used. <u>Home</u> = A, <u>school</u> = C, <u>MH</u> <u>Provider</u> = F or G. The following categories define <u>outside mental health provider agency</u>:
 - Place of consumer's work (B)
 - General hospital or emergency room (D)
 - Jail or place of detention by justice system (E)
 - In inpatient mental health facility (including community hospital psych unit) (G)
 - Other setting in the community (Z)
- After January 1, 2002, "Healthcare Service Location" in the January 2002 Data Dictionary is used. home = 12, school = 19, 80, outside mental health agency: 21, 22, 23, 51, 52, 56, 99, 31-34, 61, 50, 71, 72, 54, 55.
- Multiple service location codes were grouped into outside mental health agency because the number of people served in each individual location is too small to report separately.
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services). The statewide total shows the number of unduplicated clients across all RSNs (i.e., a person is only counted even if they received services from more than one RSN in a Fiscal Year).
- 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.

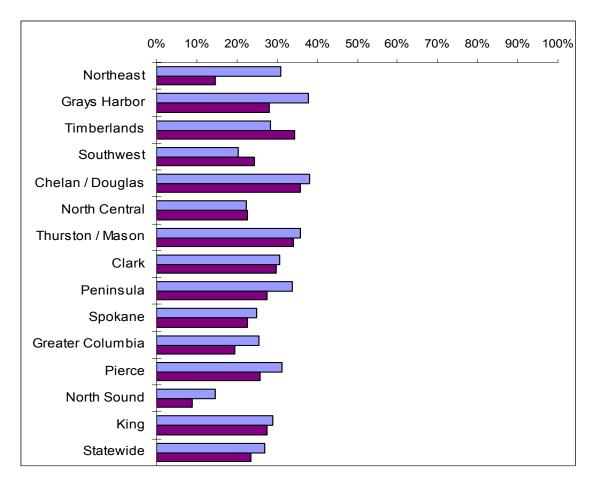
Children/Yout	Children/Youth Treatment Settings: Home								
Quality VII.A. Hom	ie				Calc. S	SAS 11/30/04			
		FY02			FY03				
RSN	Total #			Total #					
	Served	Home	%	Served	Home	%			
Northeast	509	84	16.5%	572	125	21.9%			
Grays Harbor	736	91	12.4%	811	17	2.1%			
Timberlands	1,000	157	15.7%	967	137	14.2%			
Southwest	1,234	211	17.1%	1224	182	14.9%			
Chelan / Douglas	756	155	20.5%	846	165	19.5%			
North Central	892	215	24.1%	883	185	21.0%			
Thurston / Mason	1,412	337	23.9%	1427	293	20.5%			
Clark	2,645	375	14.2%	2403	232	9.7%			
Peninsula	1,654	154	9.3%	1729	130	7.5%			
Spokane	2,872	149	5.2%	2922	159	5.4%			
Greater Columbia	4,997	493	9.9%	5341	381	7.1%			
Pierce	4,937	841	17.0%	4408	568	12.9%			
North Sound	5,667	297	5.2%	6064	289	4.8%			
King	7,745	1,227	15.8%	8462	1,194	14.1%			
Statewide	36,590	4,777	13.1%	37,547	4,056	10.8%			



Children/Youth	Children/Youth Treatment Settings: in School									
Quality VII.A. School					Calc.	SAS 11/30/04				
		FY02		<u>FY03</u>						
RSN	Total #			Total #						
	Served	School	%	Served	School	%				
Northeast	509	63	12.4%	572	109	19.1%				
Grays Harbor	736	164	22.3%	811	206	25.4%				
Timberlands	1,000	270	27.0%	967	265	27.4%				
Southwest	1,234	258	20.9%	1,224	217	17.7%				
Chelan / Douglas	756	86	11.4%	846	52	6.1%				
North Central	892	306	34.3%	883	243	27.5%				
Thurston / Mason	1,412	473	33.5%	1,427	374	26.2%				
Clark	2,645	826	31.2%	2,403	498	20.7%				
Peninsula	1,654	191	11.5%	1,729	190	11.0%				
Spokane	2,872	234	8.1%	2,922	199	6.8%				
Greater Columbia	4,997	573	11.5%	5,341	808	15.1%				
Pierce	4,937	376	7.6%	4,408	277	6.3%				
North Sound	5,667	161	2.8%	6,064	113	1.9%				
King	7,745	1,745	22.5%	8,462	1,380	16.3%				
Statewide	36,590	5,721	15.6%	37,547	4,928	13.1%				



Children/Youth Treatment Settings: Outside the Mental Health Provider Agency									
Quality VII.A. Outs	ide MH Age	ency			Calc. S	AS 11/30/04			
	FY02				FY03				
RSN	Total #	Outside		Total #	Outside				
	Served	MHP	%	Served	MHP	%			
Northeast	509	158	31.0%	572	83	14.5%			
Grays Harbor	736	279	37.9%	811	228	28.1%			
Timberlands	1,000	284	28.4%	967	333	34.4%			
Southwest	1,234	251	20.3%	1224	297	24.3%			
Chelan / Douglas	756	288	38.1%	846	303	35.8%			
North Central	892	200	22.4%	883	201	22.8%			
Thurston / Mason	1,412	504	35.7%	1427	487	34.1%			
Clark	2,645	810	30.6%	2403	713	29.7%			
Peninsula	1,654	558	33.7%	1729	478	27.6%			
Spokane	2,872	720	25.1%	2922	665	22.8%			
Greater Columbia	4,997	1,280	25.6%	5341	1,046	19.6%			
Pierce	4,937	1,544	31.3%	4408	1,136	25.8%			
North Sound	5,667	834	14.7%	6064	544	9.0%			
King	7,745	2,238	28.9%	8462	2,326	27.5%			
Statewide	36,590	9,889	27.0%	37,547	8,791	23.4%			



QUALITY VII. B. Outpatient Clients who Received DASA and MHD Services

B. Operational Definition: Percentage of mental health outpatient service recipients who received Department of Alcohol and Substance Abuse Services (DASA) in the Fiscal Year by RSN and Statewide.

Rationale for Use: Providing or facilitating access to both mental health and substance abuse treatment is necessary to promote recovery. Examining the number of clients who receive both substance abuse and mental health treatment provides an indication of how well these two service delivery systems are coordinated and the number of clients who have co-occurring mental illness and substance abuse disorders.

Operational Measures: The number of mental health outpatient service recipients who also received DASA services at some point in time in the Fiscal Year divided by the total number of mental health outpatient service recipients in the same Fiscal Year.

Formulas:

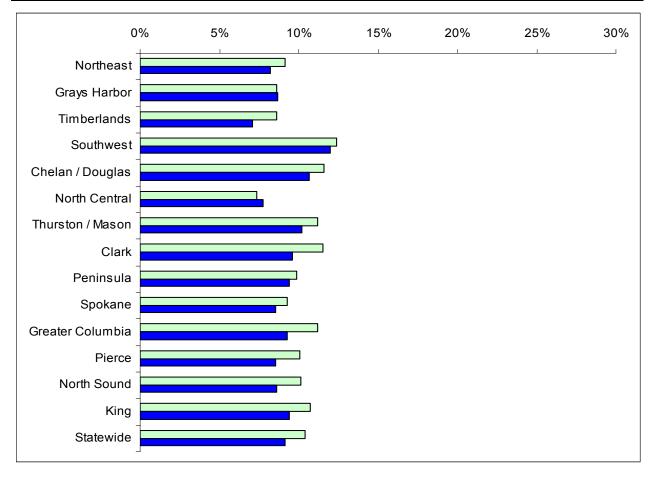
Number of mental health outpatient service recipients who also received DASA services at any time during the Fiscal Year

Number of outpatient mental health service recipients in the Fiscal Year

Discussion: These numbers are likely an underestimate of the true number of service recipients with co-occurring and substance abuse disorders. However, they do reflect the number of clients who receive services from both MHD and DASA in Washington State. Statewide, 10.4% of the clients served by the MHD are also served by DASA in FY01 and 9.1% in FY02.

- The Research and Data Analysis (RDA) Branch of DSHS compiled this data. The specific data source is the Client Services Database (CSDB). Fiscal year 2003 data was not available at the time of this report.
- Mental health outpatient service recipients include all clients who received any amount and type of outpatient mental health services. RDA also generated this count.
- DASA services include: Detoxification, ADATSA Assessments, Residential Treatment, Outpatient Treatment, and Opiate Substitution Treatment
- RDA uses a slightly different method of assigning clients to RSNs than the mental health division, which may result in slightly different numbers of outpatient recipients.

Clients who Received DASA & MHD Services										
Quality VII.B.				Ca	lc. RDA 10/28/0	04 using SFY2002				
		FY01			FY02					
RSN	# of MHD Clients Served	# of DASA Clients Served	% of Clients Served by MHD and DASA	# of MHD Clients	# of DASA Clients Served	% of Clients Served by MHD and DASA				
Northeast	1,457	133	9.1%	1,672	137	8.2%				
Grays Harbor	2,274	196	8.6%	2,168	188	8.7%				
Timberlands	2,995	257	8.6%	3,385	240	7.1%				
Southwest	4,068	505	12.4%	4,395	528	12.0%				
Chelan / Douglas	2,308	268	11.6%	2,467	263	10.7%				
North Central	2,624	193	7.4%	2,617	202	7.7%				
Thurston / Mason	4,519	506	11.2%	4,816	490	10.2%				
Clark	7,257	838	11.5%	6,891	664	9.6%				
Peninsula	6,580	649	9.9%	6,521	615	9.4%				
Spokane	9,915	922	9.3%	10,113	861	8.5%				
Greater Columbia	12,392	1,391	11.2%	15,336	1,422	9.3%				
Pierce	17,801	1,795	10.1%	16,687	1,421	8.5%				
North Sound	17,416	1,768	10.2%	17,421	1,505	8.6%				
King	27,929	2,989	10.7%	29,338	2,754	9.4%				
Statewide	119,535	12,410	10.4%	123,827	11,290	9.1%				



QUALITY VII. C. Clients who Received DASA and MHD Services by Age

C. Operational Definition: Percentage of mental health outpatient service recipients who received Department of Alcohol and Substance Abuse Services (DASA) in the Fiscal Year by RSN and Statewide by Age Group.

Rationale for Use: Providing and facilitating access to both mental health and substance abuse treatment is necessary to promote recovery. Examining the number of youth, adults, and older adults who receive both substance abuse and mental health treatment provides an indication of how well these two service delivery systems are coordinated for different groups who have different needs. This indicator also provides an estimate of the number of youth, adults, and older adults who have co-occurring mental illness and substance abuse disorders.

Operational Measures: The number of children/youth (0-17), adult (18-59), and older adult (60+ years) mental health outpatient service recipients who also received DASA services at some point in time in the Fiscal Year divided by the total number of children/youth (0-17 years), adult (18-59 years), and older adult (60+ years) mental health outpatient service recipients in the same Fiscal Year.

Formulas:

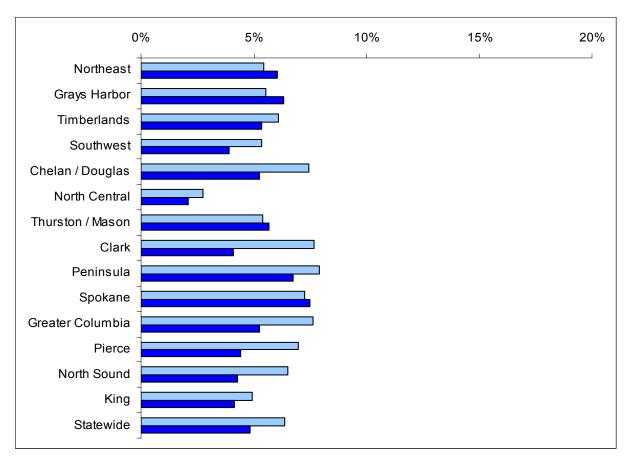
Number of mental health outpatient service recipients who received DASA services at any time during the Fiscal Year {0-17, 18-59, 60+ yrs}

Number of outpatient mental health service recipients in the Fiscal Year {0-17, 18-5, 60+ yrs}

Discussion: These numbers are likely an underestimate of the true number of service recipients with co-occurring and substance abuse disorders. However, they do reflect the number of clients who received services from both MHD and DASA in Washington State. Adults represent the majority of those DASA and MHD co-serve, followed by children and youth.

- ▶ The Research and Data Analysis (RDA) Branch of DSHS compiled this data. The specific data source is the Client Services Database (CSDB). Fiscal Year 2003 data was not available at the time of this report.
- Mental health outpatient service recipients include all clients who received any amount and type of outpatient mental health services (including residential, 24-hr crisis, and crisis hotline) in the Fiscal Year. RDA generated these counts.
- DASA services include: Detoxification, ADATSA Assessments, Residential Treatment, Outpatient Treatment, and Opiate Substitution Treatment
- RDA uses a slightly different method of assigning clients to RSNs than the mental health division, which may result in a slightly different number of outpatient recipients by RSN.

Clients who Received DASA & MHD Services by Age - Youth (0-17 yrs)												
Quality VII.C. Youth	า	Calc.	Calc. RDA 10/28/04 using SFY2002									
		FY01			FY02	J						
RSN	# of MHD Clients Served		%of Clients Served by MHD and DASA	# of MHD Clients	# of DASA Clients Served by MHD	%of Clients Served by MHD and DASA						
Northeast	406	22	5.4%	531	32	6.0%						
Grays Harbor	702	39	5.6%	696	44	6.3%						
Timberlands	885	54	6.1%	957	51	5.3%						
Southwest	1,099	59	5.4%	1,208	47	3.9%						
Chelan / Douglas	644	48	7.5%	744	39	5.2%						
North Central	765	21	2.7%	815	17	2.1%						
Thurston / Mason	1,406	76	5.4%	1,462	83	5.7%						
Clark	2,443	188	7.7%	2,570	105	4.1%						
Peninsula	1,704	135	7.9%	1,631	110	6.7%						
Spokane	2,708	196	7.2%	2,816	211	7.5%						
Greater Columbia	3,951	301	7.6%	4,867	256	5.3%						
Pierce	4,926	343	7.0%	4,770	210	4.4%						
North Sound	5,300	345	6.5%	5,527	237	4.3%						
King	7,233	358	4.9%	7,527	310	4.1%						
Statewide	34,172	2,185	6.4%	36,121	1,752	4.9%						



Clients who Received DASA & MHD Services by Age - Adults (18-59 yrs)												
Quality VII.C. Adults	3	Calc	Calc. RDA 10/28/04 using SFY2002									
		FY01			FY02							
RSN	# of MHD Clients Served	# of DASA Clients Served by MHD	% of Clients Served by MHD and DASA	# of MHD Clients	# of DASA Clients Served by MHD	_						
Northeast	923	110	11.9%	,	105	10.3%						
Grays Harbor	1,314	157	11.9%	1,209	142	11.7%						
Timberlands	1,599	200	12.5%	1,720	187	10.9%						
Southwest	2,661	446	16.8%	2,943	477	16.2%						
Chelan / Douglas	1,398	219	15.7%	1,454	220	15.1%						
North Central	1,621	172	10.6%	1,651	184	11.1%						
Thurston / Mason	2,802	428	15.3%	3,046	405	13.3%						
Clark	4,162	645	15.5%	3,909	555	14.2%						
Peninsula	4,105	510	12.4%	4,078	502	12.3%						
Spokane	5,896	719	12.2%	5,638	643	11.4%						
Greater Columbia	7,213	1,082	15.0%	8,996	1,152	12.8%						
Pierce	11,010	1,441	13.1%	10,466	1,200	11.5%						
North Sound	10,483	1,414	13.5%	10,614	1,252	11.8%						
King	16,787	2,591	15.4%	17,923	2,407	13.4%						

14.1%

74,671

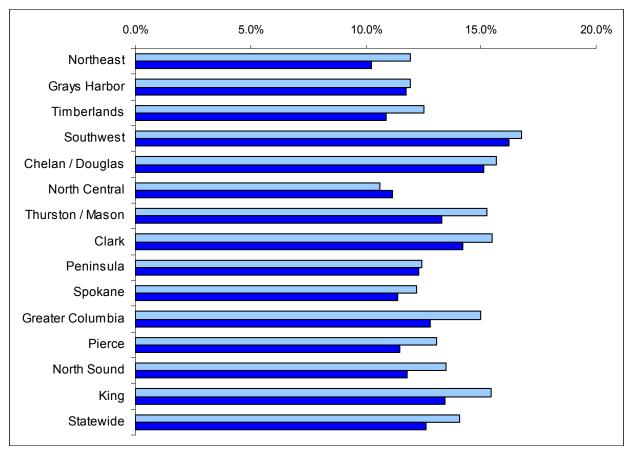
9,431

12.6%

Statewide

71,974

10,134



Clients who Received DASA & MHD Services by Age - Older Adults (60+ yrs)												
Quality VII.C. Older Adults Calc. RDA 10/28/04 using SFY2002												
		FY01			FY02							
RSN	# of MHD Clients Served	# of DASA Clients Served by MHD	% of Clients Served by MHD and DASA	# of MHD	Clients	% of Clients Served by MHD and DASA						
Northeast	128	1	0.8%	117	0	0.0%						
Grays Harbor	258	0	0.8%	263	2	0.8%						
Timberlands	511	3	0.8%	708	2	0.3%						
Southwest	308	0	0.8%	244	4	1.6%						
Chelan / Douglas	266	1	0.8%	269	4	1.5%						
North Central	238	0	0.8%	151	1	0.7%						
Thurston / Mason	311	2	0.8%	308	2	0.6%						
Clark	652	5	0.8%	412	4	1.0%						
Peninsula	771	4	0.8%	812	3	0.4%						
Spokane	1,311	7	0.8%	1,659	7	0.4%						
Greater Columbia	1,228	8	0.8%	1,473	14	1.0%						
Pierce	1,865	11	0.8%	1,451	11	0.8%						

9

40

91

0.8%

0.8%

0.8%

1,280

3,888

13,035

North Sound

Statewide

King

1,633

3,909

13,389

16

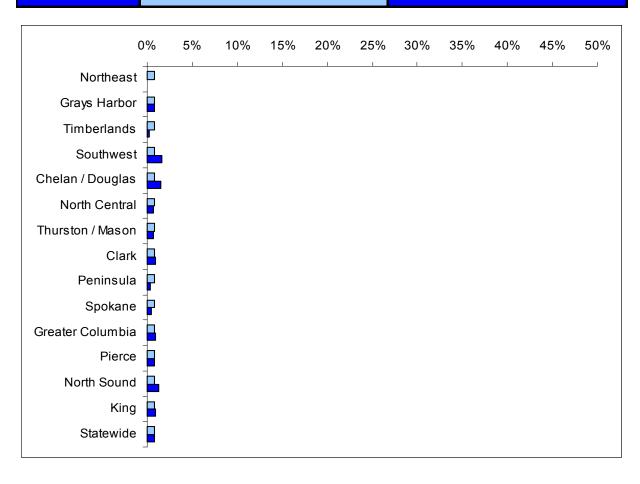
37

107

1.3%

1.0%

0.8%



QUALITY VII. D. Clients with Mental Illness & Substance Abuse Disorder

D. Operational Definition: Percentage of mental health outpatient service recipients who had both a mental illness diagnosis and a substance abuse diagnosis and/or substance abuse impairment in the Calendar Year by RSN and Statewide for CALENDAR YEAR 2002 only.

Rationale for Use: Examining the number of clients who have a co-occurring disorder indicates how well the mental health system identifies people with co-occurring disorders and provides an indication of the need for integrated substance abuse and mental health services.

Operational Measures: The number of outpatient service recipients who had a mental illness diagnosis and a substance abuse diagnosis or substance abuse impairment during the Calendar Year divided by the total number of outpatient service recipients in the same Calendar Year.

Formulas:

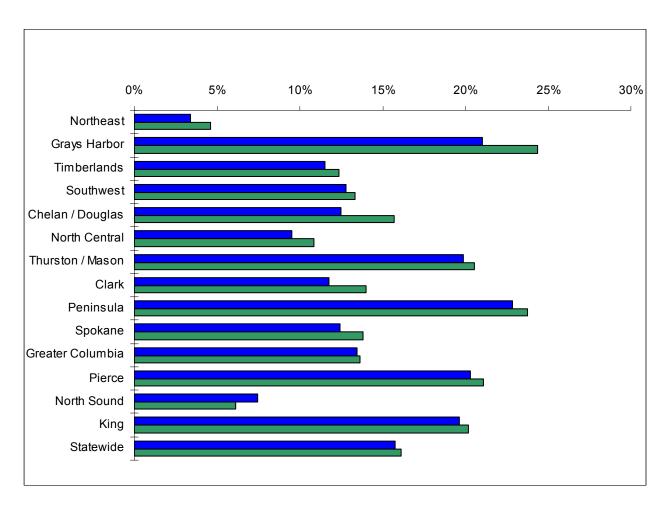
Number of outpatient service recipients who had a mental illness diagnosis <u>and</u> a substance abuse diagnosis and/or substance abuse impairment in the Calendar Year by RSN

Number of outpatient service recipients in the Calendar Year by RSN

Discussion: This indicator shows the percentage of outpatient mental health service recipients who have both a mental illness and substance use disorder. In Washington State, 15% of publicly funded mental health outpatients have an identified co-occurring mental illness and substance abuse disorder in CY 2002 and 16.2% in CY2003.

- Prior to January 2002, information on a client's diagnosis was not reported to the MHD. Starting in January 2002, RSNs were required to report client's diagnoses. Diagnoses are reported using the ICD-9 classification system.
- Substance Abuse disorder is defined using two elements from the January 2002 Data Dictionary: (1) a substance abuse diagnosis at any time in the CY and/or (2) a substance abuse impairment kind of "D" at any time in the CY.
- A person's diagnosis is determined by taking the most recent diagnosis in each of the 4 categories (primary axis I & II, secondary axis I & II) and applying a precedence table to pick one diagnosis from the possible 4. A mental illness diagnosis includes all mental illness diagnoses except dementia, mental retardation, autism, or personality disorders.
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in <u>each RSN</u> in which they received services). The Statewide counts show the number of unduplicated clients across RSNs (i.e. even if a person receives services in more than one RSN, they are only counted once in the statewide total).

		CY 2002			CY 2003	
RSN	# of Clients with Co- Occurring Disorder	Total Served	% of Total Served	# of Clients with Co- Occurring Disorder	Total Served	% of Total
Northeast	62	1,825	3.4%	82	1,785	4.6%
Grays Harbor	470	2,232	21.1%	503	2,064	24.4%
Timberlands	487	4,227	11.5%	519	4,195	12.4%
Southwest	580	4,533	12.8%	611	4,583	13.3%
Chelan / Douglas	331	2,654	12.5%	362	2,310	15.7%
North Central	264	2,769	9.5%	299	2,749	10.9%
Thurston / Mason	1,001	5,035	19.9%	1,004	4,893	20.5%
Clark	835	7,103	11.8%	923	6,588	14.0%
Peninsula	1,555	6,798	22.9%	1,698	7,150	23.7%
Spokane	1,264	10,178	12.4%	1,479	10,704	13.8%
Greater Columbia	2,194	16,316	13.4%	2,433	17,824	13.7%
Pierce	3,215	15,849	20.3%	3,109	14,730	21.1%
North Sound	1,335	17,935	7.4%	1,107	18,163	6.1%
King	6,143	31,253	19.7%	6,505	32,272	20.2%
Statewide	19,839	126,047	15.7%	20,527	127,511	16.1%



QUALITY VII. E. Clients with Mental Illness & Substance Abuse Disorder by Age

E. Operational Definition: Percentage of children, adults and older adult mental health outpatient service recipients who had a mental illness diagnosis and a substance abuse diagnosis and/or substance abuse impairment in the Calendar Year by RSN and Statewide.

Rationale for Use: Examining the number of children, adults, and older adults who have a cooccurring disorder indicates how well the mental health system identifies people in different age groups with co-occurring disorders and provides an indication of the need for co-occurring disorder services among the different age groups.

Operational Measures: The number of children, adults, and older adult outpatient service recipients who had a mental illness diagnosis and a substance abuse diagnosis and/or substance abuse impairment at some point in time in the Calendar Year divided by the total number of children, adult, and older adult outpatient service recipients in the same Calendar Year.

Formulas:

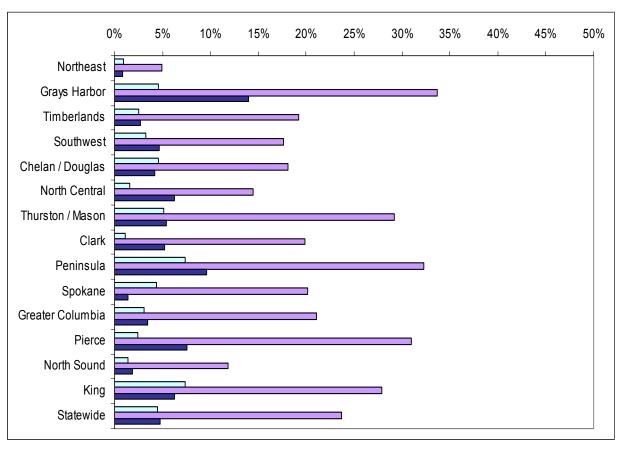
Number of outpatient service recipients who had a mental illness diagnosis <u>and</u> a substance abuse diagnosis and/or substance abuse impairment in the Calendar Year {0-17, 18-59, 60+}

Number of outpatient service recipients in the Calendar Year {0-17, 18-59, 60+}

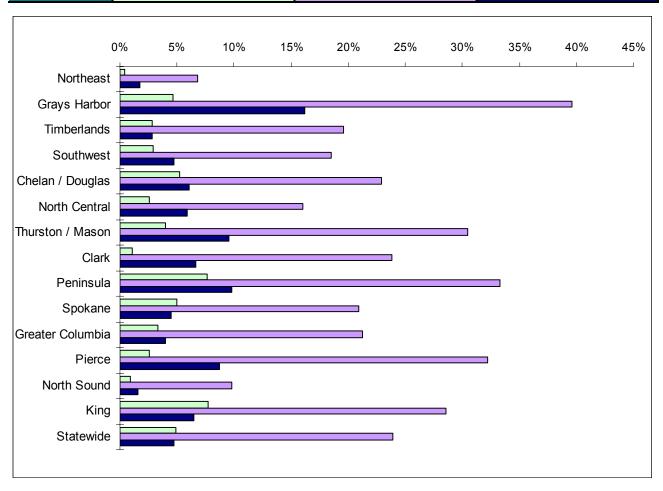
Discussion: This indicator shows the percentage of children, adult, and older adult outpatient mental health service recipients who have both a mental illness and substance use disorder. In Washington State, 24% of adult outpatient service recipients have an identified co-occurring mental illness and substance abuse disorder. Four percent of youth and 5% of older adults are also identified as having a co-occurring mental illness and substance abuse disorder.

- Prior to January 2002, information on a client's diagnosis was not reported to the MHD. Starting in January 2002, RSNs were required to report client's diagnoses.
- Substance Abuse disorder is defined using two elements from the January 2002 Data Dictionary: (1) an ICD-9 substance abuse diagnosis at any time in the CY and/or (2) a substance abuse Impairment Kind of "D" as defined in the January 2002 Data Dictionary at any time in the CY.
- A person's diagnosis is determined by taking the most recent diagnosis in each of 4 categories (primary axis I & II, secondary axis I & II) and applying a precedence table to pick one diagnosis. A person's diagnosis is determined by taking the most recent diagnosis in each of the 4 categories (primary axis I & II, secondary axis I & II) and applying a precedence table to pick one diagnosis from the possible 4. A mental illness diagnosis includes all mental illness diagnoses except dementia, mental retardation, autism, or personality disorders.
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services). The Statewide counts show the number of unduplicated clients across RSNs (i.e. even if a person receives services in more than one RSN, they are only counted once in the statewide total).
- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.

Clients with Mental Ilness & Substance Abuse Disorder by Age													
		Ca	lendar Y	ear 2002 (Only								
Quality VII.E.								Calc.S	AS 11/30/04				
	Yout	h (0-17 y	vrs)	Adult	s (18-59	vrs)	Older A	dults (6	0+ vrs)				
	# of			# of			# of						
RSN	Clients			Clients			Clients						
KOK	with Co-			with Co-			with Co-						
	Occurring	Total	% of Total		Total		_	Total	% of Total				
	Disorder	Served	Served	Disorder	Served	Served	Disorder	Served	Served				
Northeast	5	562	0.9%	56	1,137	4.9%	1	124	0.8%				
Grays Harbor	37	812	4.6%	401	1,191	33.7%	32	228	14.0%				
Timberlands	29	1,138	2.5%	436	2,268	19.2%	22	819	2.7%				
Southwest	43	1,314	3.3%	527	2,994	17.6%	10	215	4.7%				
Chelan / Douglas	38	835	4.6%	282	1,558	18.1%	11	261	4.2%				
North Central	15	964	1.6%	240	1,659	14.5%	9	143	6.3%				
Thurston / Mason	86	1,662	5.2%	899	3,076	29.2%	16	296	5.4%				
Clark	30	2,784	1.1%	785	3,946	19.9%	19	363	5.2%				
Peninsula	133	1,801	7.4%	1346	4,170	32.3%	76	794	9.6%				
Spokane	138	3,129	4.4%	1104	5,475	20.2%	22	1,565	1.4%				
Greater Columbia	173	5,538	3.1%	1972	9,367	21.1%	49	1,407	3.5%				
Pierce	120	4,965	2.4%	3019	9,752	31.0%	76	1,000	7.6%				
North Sound	85	6,281	1.4%	1227	10,382	11.8%	23	1,252	1.8%				
King	641	8,681	7.4%	5277	18,898	27.9%	225	3,596	6.3%				
Statewide	1,780	39,902	4.5%	17,494	73,900	23.7%	564	11,944	4.7%				



Clients with M	Clients with Mental Illness & Substance Abuse Disorder by Age Calendar Year 2003 Only														
Quality VII.E.								Calc.S	AS 11/30/04						
RSN	Yout # of Clients with Co- Occurring	h (0-17)	/rs) % of Total	# of Clients with Co-	s (18-59	yrs) % of Total	Older A # of Clients with Co- Occurring	dults (6)	0+ yrs) % of Total						
	Disorder	Served	Served	Disorder	Served	Served	Disorder	Served	Served						
Northeast	2	515	0.4%	78	1,152	6.8%	2	115	1.7%						
Grays Harbor	35	747	4.7%	431	1,088	39.6%	37	229	16.2%						
Timberlands	30	1,072	2.8%	468	2,386	19.6%	21	737	2.8%						
Southwest	39	1,361	2.9%	564	3,049	18.5%	8	170	4.7%						
Chelan / Douglas	39	744	5.2%	310	1,351	22.9%	13	215	6.0%						
North Central	24	930	2.6%	266	1,663	16.0%	9	152	5.9%						
Thurston / Mason	65	1,632	4.0%	915	3,006	30.4%	24	251	9.6%						
Clark	27	2,568	1.1%	873	3,664	23.8%	23	347	6.6%						
Peninsula	146	1,906	7.7%	1472	4,420	33.3%	80	817	9.8%						
Spokane	165	3,291	5.0%	1249	5,959	21.0%	65	1,448	4.5%						
Greater Columbia	200	6,091	3.3%	2173	10,221	21.3%	60	1,509	4.0%						
Pierce	122	4,752	2.6%	2911	9,048	32.2%	76	870	8.7%						
North Sound	59	6,442	0.9%	1029	10,514	9.8%	19	1,196	1.6%						
King	698	9,042	7.7%	5569	19,491	28.6%	237	3,664	6.5%						
Statewide	1,989	40,570	4.9%	17,983	75,130	23.9%	552	11,628	4.7%						



Notes:

QUALITY VII. F. Adult Outpatient Clients who Reported that they Received Physical Healthcare

F. Operational Definition: Percentage of adults who reported on the MHSIP Adult Consumer Survey that they saw a nurse or doctor in the past year for a health check up or because they were sick.

Rationale for Use: Assisting clients in accessing services to meet their needs, including physical healthcare, is a major value of the mental health system. People diagnosed with mental illness have higher than average rates of certain cancers, heart disease, and respiratory illnesses. Identifying and monitoring a person's physical health is essential to facilitate a person's recovery from mental illness.

Operational Measures: The number of adult (18 years or above) outpatient service recipients who responded yes to item #40 on the MHSIP Adult Consumer Survey divided by the total number of adults who completed the MHSIP Adult Consumer Survey in Fiscal Year 2002.

(40) In the last year, did you see a medical doctor (or nurse) for a health check-up or because you were sick?

Formulas:

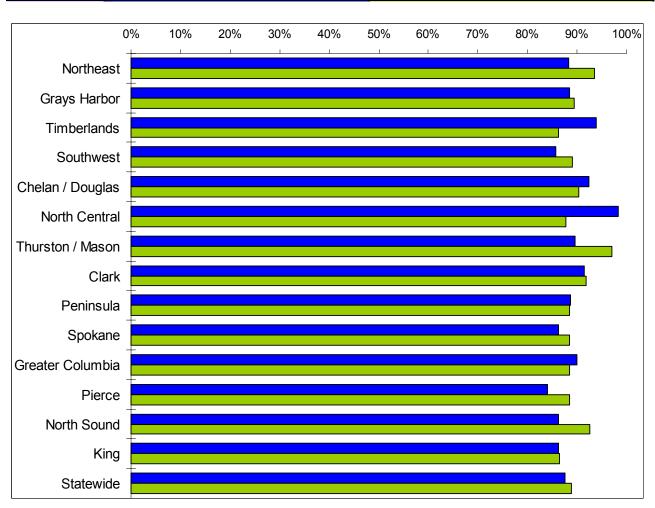
Number of adults (18 years or older) who responded yes to item #40 of the MHSIP Adult Survey by RSN

Total Number of adults (18 years or older) who completed the MHSIP Adult Consumer Survey by RSN

Discussion: This indicator shows the percentage of adults (18 or above) who saw a nurse or doctor in the past year for a health check up or because they were sick. 87.6% of survey respondents reported that they had received physical healthcare in CY2002 and 88.9% in CY2004.

- The MHSIP Adult Consumer Survey is a confidential, self-reported measure conducted every other year. The first time the survey was conducted was in Fiscal Year 2002.
- Adults 18 years or older are interviewed for the survey.
- ▶ Trained consumer telephone interviewers conducted the survey.
- The response rate for the survey was 33%.
- A copy of report <u>Perceptions of Mental Health Services 2004 Adult Consumer Survey</u> prepared by The Washington Institute for Mental Illness Research and Training Western Branch is available on the Mental Health Division's website http://www1.dshs.wa.gov/Mentalhealth or from the Washington Institute's Website http://depts.washington.edu/wimirt/Publications.htm.

Community O	utpatient Clients	who Repor	ted Receiv	ving Physical He	althcare	
Quality VII.F.						Calc.SAS 10/06/04
		CY 2002			CY 2004	
RSN	# of Respondents who Saw a Nurse/Doctor in Past Year	Total Surveyed	% of Total Surveyed	# of Respondents who Saw a Nurse/Doctor in Past Year	Total Surveyed	% of Total Surveyed
Northeast	30	34	88.2%	29	31	93.5%
Grays Harbor	31	35	88.6%	17	19	89.5%
Timberlands	31	33	93.9%	50	58	86.2%
Southwest	60	70	85.7%	65	73	89.0%
Chelan / Douglas	12	13	92.3%	28	31	90.3%
North Central	57	58	98.3%	36	41	87.8%
Thurston / Mason	60	67	89.6%	67	69	97.1%
Clark	107	117	91.5%	90	98	91.8%
Peninsula	102	115	88.7%	115	130	88.5%
Spokane	131	152	86.2%	162	183	88.5%
Greater Columbia	269	299	90.0%	253	286	88.5%
Pierce	220	262	84.0%	139	157	88.5%
North Sound	226	262	86.3%	164	177	92.7%
King	430	498	86.3%	439	508	86.4%
Statewide	1,766	2,015	87.6%	1,654	1,861	88.9%



QUALITY VII. G. Community Clients Received Services 7 & 30 Days After Being Discharged

G. Operational Definition: Percentage of clients who received outpatient services within 7 and 30 days after being discharged from the state hospital, community hospital, or evaluation and treatment center.

Rationale for Use: Providing continuity of care is a major value held by the Mental Health Division. Providing clients with timely access to outpatient services following hospitalization is essential for establishing and maintaining clients in the community without repeat hospitalizations.

Operational Measures: The number of clients who were discharged from a State Hospital, Community Hospital, or Evaluation and Treatment center in the Fiscal Year and who received outpatient services within 7 and 30 days divided by the number of clients discharged from state or community hospital and E&Ts in the fiscal year.

Formulas:

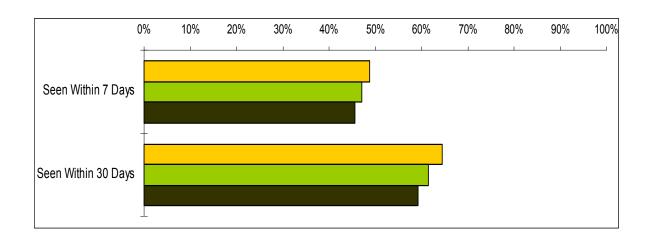
Number of people who were discharged from State or Community Hospitals, or Evaluation and Treatment Centers and who were seen in outpatient services in a Fiscal Year {7 days following discharge; 30 days following discharge}

Number of people discharged from State or Community Hospitals, and Evaluation and Treatment Centers in the Fiscal Year

Discussion: All people discharged from State or Community Hospitals, and Evaluation and Treatment Centers are not eligible or appropriate for outpatient mental health services. Some people upon discharge go into the VA system, prisons/jails, nursing homes, see private providers, or move outside the state. However the results show that the number of people being seen after discharge from a hospital has decreased. The number of people seen within 30 days of discharge is closer to earlier levels reported for those seen within 7 days.

- If a person has less than 7 days between a hospital discharge and admission this is considered one episode. For the purposes of this indicator, a person is only considered discharged at the end of the episode.
- ▶ To be included in the numerator the person had to be discharged (as defined above) in the Fiscal Year, but the outpatient services can occur beyond the Fiscal Year (i.e. a person who was discharged on 6/2001, but didn't receive outpatient services until 7/2001 would be included in the numerator).
- ▶ To be included in the denominator the person had to be discharged (as defined above) from one of the hospital settings within the Fiscal Year.
- Puget Sound Behavioral Health included only in FY2001.
- Due to a change in the processing of data for Puget Sound Behavioral Health, the number of people served in community inpatient settings are underreported for Pierce RSN in 2002 and 2003.

Community	Community Clients Received Services 7 & 30 Days After Being Discharged													
Quality VII.G. Calc. 10/06/04 SAS														
Outpatient		<u>FY01</u>			<u>FY02</u>			<u>FY03</u>						
Status		#			#			#						
	# Seen	Discharged	% Seen	# Seen	Discharged	% Seen	# Seen	Discharged	% Seen					
Seen Within 7														
Days	6,287	12,892	48.8%	6,163	13,091	47.1%	5,999	13,136	45.7%					
Seen Within														
30 Days	8,303	12,892	64.4%	8,052	13,091	61.5%	7,787	13,136	59.3%					



QUALITY VII. H. Community Clients Readmitted 30 Days of Being Discharged From the Hospital

H. Operational Definition: Percentage of clients who were discharged from a State or Community Hospital, or Evaluation and Treatment center and who were readmitted to any of the inpatient settings within 30 days.

Rationale for Use: Maintaining clients in the community is a major value of the mental health system. Clients who cycle in and out of the hospital may not be getting appropriate services to maintain them in the community. Rapid readmission and "revolving door" admissions to the hospital are very costly to the system.

Operational Measures: The number of people who were readmitted to a State or Community Hospital, or Evaluation and Treatment center within 30 days of being discharged divided by the total number of people discharged from these settings in a Fiscal Year.

Formulas:

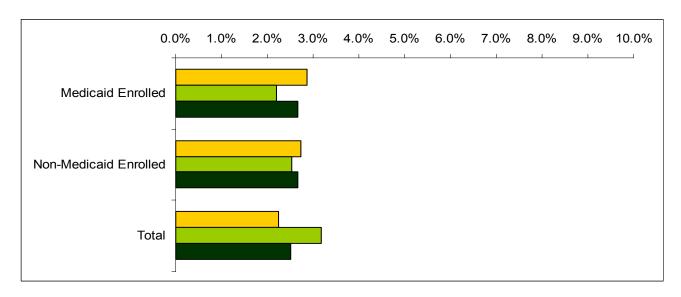
Number of people who were discharged from a State or Community Hospital, or Evaluation and Treatment Center in the Fiscal Year and were readmitted within 30 days

Number of people who were discharged from State or Community Hospitals, or Evaluation and Treatment Centers in the Fiscal Year

Discussion: This indicator shows the percentage of people who were readmitted within 30 days of being discharged from the hospital. The percentage of readmission is very low, about 3% of all discharges. However, the rate of readmission is higher for non-Medicaid enrolled consumers in FY2003 who have fewer community resources available.

- If a person has less than 7 days between a hospital discharge and readmission, then this is considered to be the same hospital admission.
- To be included in the numerator the person had to be discharged (as defined above) in the Fiscal Year, but the readmission can occur beyond the Fiscal Year (i.e. a person who was discharged on 6/2001, but didn't get readmitted until 7/2001 —would be included in the numerator).
- ▶ To be included in the denominator the person had to be discharged (as defined above) from one of the hospital settings within the Fiscal Year.
- Only Fiscal Year 2001 includes Puget Sound Behavioral Health.
- A client is considered to be in the Medicaid enrolled population for the entire Fiscal year if they received any amount of Medicaid funded service during that Fiscal Year.
- Due to a change in the processing of data for Puget Sound Behavioral Health, the number of people served in community inpatient settings are underreported for Pierce RSN in 2002 and 2003.

Community	Community Clients Readmitted 30 Days of Being Discharged from the Hospital												
Quality VII.H. Calc. SAS 10/06/													
Medicaid		FY2001			FY2002			FY2003					
Status	within 30 Days	# Discharged	% Re- admitted	within 30 Days	# Discharged	70.10	within 30 Days	# Discharged	% Re- admitted				
Medicaid Enrolled	261	9,131	2.9%	258	9,449	2.7%	209	9,336	2.2%				
Non-Medicaid Enrolled	83	3,761	2.2%	92	3,642	2.5%	121	3,800	3.2%				
Total	344	12,892	2.7%	350	13,091	2.7%	330	13,136	2.5%				



QUALITY VII. I. Community Outpatient Clients Not Hospitalized by RSN

I. Operational Definition: Percentage of people who received outpatient services and who were not hospitalized in any setting in a Fiscal Year by RSN.

Rationale for Use: Maintaining clients in the community is a major value of the mental health system. Clients who are hospitalized and those who cycle in and out of the hospital are not being maintained in the community and are very costly to the system.

Operational Measures: The number of people who received outpatient services and who were not hospitalized in a State Hospital, CLIP facility, Community Hospital, or Evaluation and Treatment center in a Fiscal Year divided by the total number of people who received outpatient services in a Fiscal Year.

Formula:

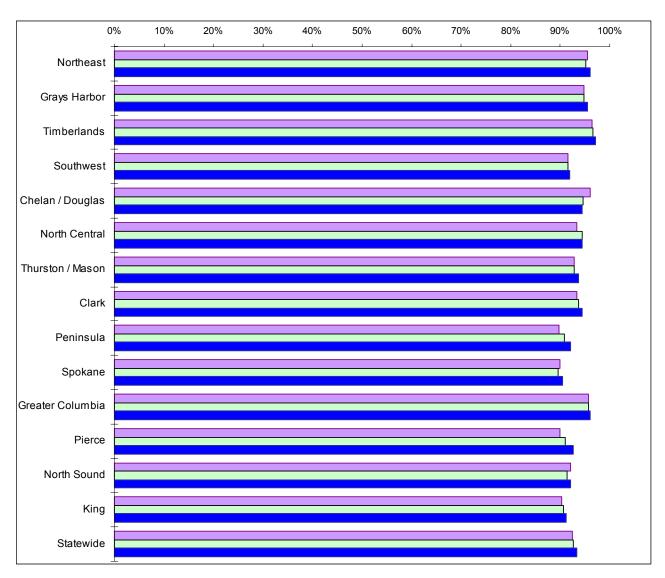
Number of people who received outpatient services in a Fiscal Year and who were not hospitalized in a SH, CH, CLIP Facility or E&T at any time during the same Fiscal Year

Number of people who received outpatient services in a Fiscal Year

Discussion: The majority of outpatient service recipients do not use any of the hospital alternatives. Overall, 93.4% of mental health consumers received only community outpatient mental health services in FY03. There is very little variation across RSNs. Because only a very small number of clients use inpatient services, the indicator remains stable over time. While this information provides useful context regarding the relative proportions of the inpatient and outpatient systems, other indicators in this report, such as the state and community hospital utilization rates, readmission rates, and rates of follow up in the community provide more detailed and actionable information regarding inpatient services.

- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- Puget Sound Behavioral Health included only in FY2001.
- Due to a change in the processing of data for Puget Sound Behavioral Health, the number of people served in community inpatient settings are underreported for Pierce RSN in 2002 and 2003.

Community Outpatient Clients Not Hospitalized by RSN										
Quality VII.I.								Calc. S	AS 11/30/04	
		FY01			FY02		FY03			
RSN	# of Clients Not	Total	% of Total	# of Clients Not	Total	% of Total	# of Clients Not	Total	% of Total	
	Hospitalized	Served	Served	Hospitalized	Served	Served	Hospitalized	Served	Served	
Northeast	1,445	1,514	95.4%	1,615	1,696	95.2%	1,927	2,008	96.0%	
Grays Harbor	2,211	2,333	94.8%	2,147	2,263	94.9%	2,260	2,368	95.4%	
Timberlands	3,180	3,301	96.3%	3,563	3,686	96.7%	4,198	4,319	97.2%	
Southwest	3,517	3,841	91.6%	4,180	4,565	91.6%	4,257	4,631	91.9%	
Chelan / Douglas	2,570	2,676	96.0%	2,488	2,630	94.6%	2,644	2,799	94.5%	
North Central	2,560	2,743	93.3%	2,653	2,810	94.4%	2,568	2,720	94.4%	
Thurston / Mason	4,140	4,458	92.9%	4,480	4,823	92.9%	4,469	4,769	93.7%	
Clark	6,382	6,837	93.3%	6,580	7,016	93.8%	6,464	6,848	94.4%	
Peninsula	6,024	6,714	89.7%	6,084	6,701	90.8%	6,376	6,921	92.1%	
Spokane	8,628	9,587	90.0%	9,131	10,186	89.6%	9,237	10,206	90.5%	
Greater Columbia	14,441	15,102	95.6%	15,247	15,926	95.7%	16,196	16,875	96.0%	
Pierce	16,714	18,569	90.0%	15,881	17,441	91.1%	13,581	14,653	92.7%	
North Sound	16,852	18,289	92.1%	16,428	17,997	91.3%	16,981	18,444	92.1%	
King	24,406	27,005	90.4%	27,171	29,956	90.7%	29,085	31,891	91.2%	
Statewide	111,626	120,675	92.5%	115,979	125,110	92.7%	118,466	126,867	93.4%	



QUALITY VII. J. Community Outpatient Clients Not Hospitalized by Age

J. Operational Definition: Percentage of youth, adults, and older adults who received outpatient services and who were not hospitalized in any setting in a fiscal year statewide.

Rationale for Use: Maintaining clients in the community is a major value of the mental health system. Clients who are hospitalized and those who cycle in and out of the hospital are not being maintained in the community and are very costly to the system. Looking at this indicator by age allows examination of any differences that may exist among the different groups.

Operational Measures: The number of youth, adults, and older adults who received outpatient services and who were not hospitalized in a state hospital, community hospital, or evaluation and treatment center in a Fiscal Year divided by the total number of youth, adults, and older adults who received outpatient services in a Fiscal Year.

Formula:

Number of people who received outpatient services in a Fiscal Year and who were not hospitalized in a SH, CH, Clip Facility or E&T at any time during the same Fiscal Year by age group

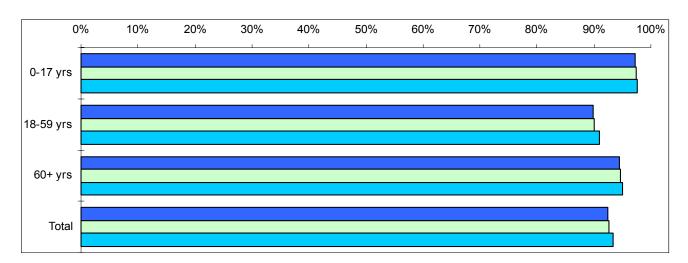
 $\{0-17; 18-59, 60+\}$

Number of people who received outpatient services in a Fiscal Year {0-17; 18-59; 60+}

Discussion: The majority of outpatient service recipients do not use any of the hospital alternatives. Overall, 93.4% of mental health consumers receive only community outpatient mental health services. There is very little variation across RSNs. Because only a very small number of clients use inpatient services, the indicator remains stable over time. While this information provides useful context regarding the relative proportions of the inpatient and outpatient systems, other indicators in this report, (e.g., the state and community hospital utilization rates, readmission rates, and rates of follow up in the community) provide more detailed and actionable information regarding inpatient services.

- Puget Sound Behavioral Health included only in FY2001.
- Due to a change in the processing of data for Puget Sound Behavioral Health, the number of people served in community inpatient settings are underreported for Pierce RSN in 2002 and 2003.
- 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- Age is calculated based on January 1st of the Fiscal Year.

Commu	Community Outpatient Clients Not Hospitalized by Age										
Quality VI	Quality VII.J. Cald										
	<u>!</u>	FY01			FY02		<u>FY03</u>				
Age	# of Clients Not	Total	% of Total	Not	Total	% of Total		Total	% of Total		
	Hospitalized	Served		Hospitalized	Served	Served	Hospitalized	Served	Served		
0-17 yrs	34,104	35,061	97.3%	35,662	36,590	97.5%	36,642	37,547	97.6%		
18-59 yrs	64,799	72,148	89.8%	67,802	75,297	90.0%	69,546	76,399	91.0%		
60+ yrs	12,455	13,195	94.4%	12,285	12,987	94.6%	12,157	12,792	95.0%		
Total	111,626	120,675	92.5%	115,979	125,110	92.7%	118,466	126,867	93.4%		



QUALITY VII. K. Community Outpatient Clients Not Hospitalized by Race/Ethnicity

K. Operational Definition: Percentage of outpatient service recipients who were not hospitalized in any setting in a Fiscal Year statewide by Race/Ethnicity

Rationale for Use: Maintaining clients in the community is a major value of the mental health system. Clients who cycle in and out of the hospital are not being maintained in the community and are very costly to the system. Looking at this indicator by Race/Ethnicity allows examination of any differences that may exist among the different groups.

Operational Measures: The number of African Americans, Asian or Pacific Islanders, Caucasians, Hispanics, and Native Americans who received outpatient services and who were not hospitalized in a state hospital, community hospital, or evaluation and treatment center in a Fiscal Year divided by the total number of African Americans, Asian or Pacific Islanders, Caucasians, Hispanics, and Native Americans who received outpatient services in a Fiscal Year.

Formulas:

Number of people who received outpatient services in a Fiscal Year and who were not hospitalized (in a SH, CL, CH, or E&T) at any time during the same Fiscal Year by race/ethnicity

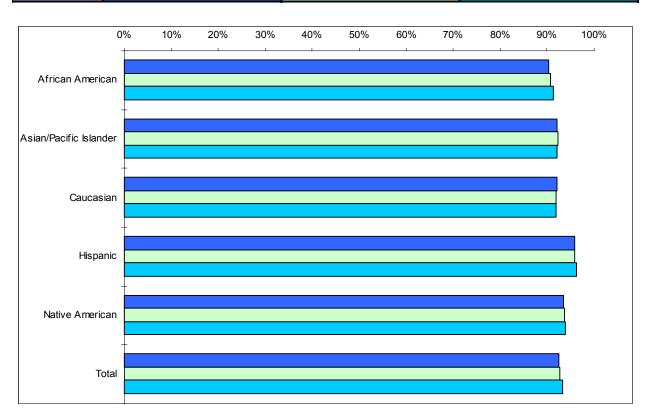
{African Americans, Asian/Pacific Islanders, Caucasians, Hispanics, and Native Americans}

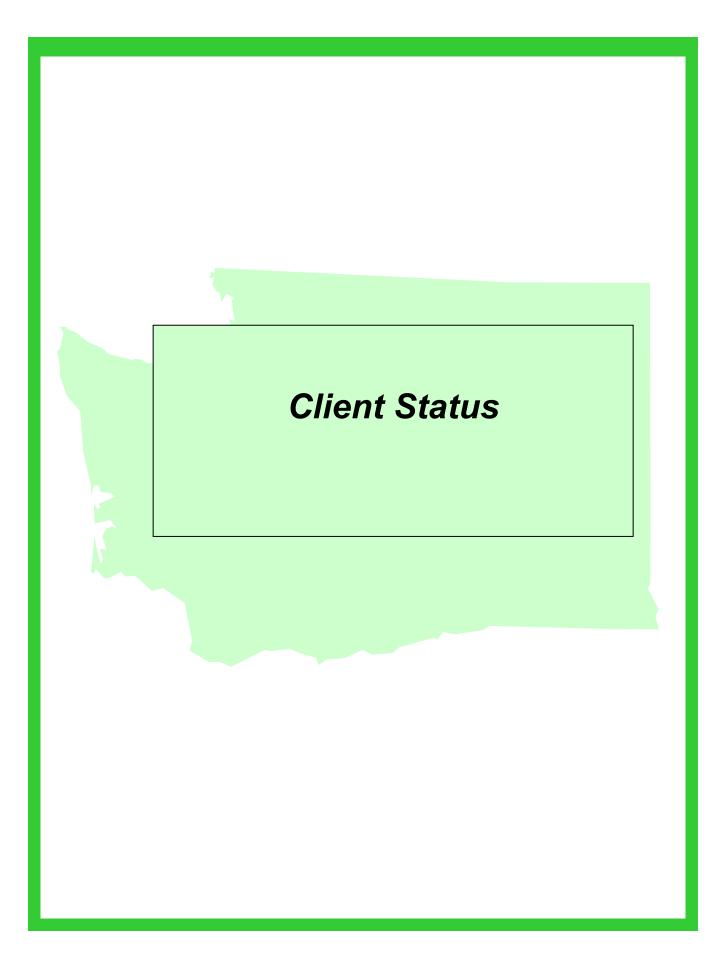
Total Number of people who received outpatient services in a Fiscal Year {African Americans, Asian/Pacific Islanders, Caucasians, Hispanics, and Native Americans}

Discussion: The majority of outpatient service recipients do not use any of the hospital alternatives. There is very little variation across time or age groups. Because only a very small number of clients use inpatient services, and it remains stable over time, there is little here to inform the mental health system. Other indicators in this report, (e.g., the state and community hospital utilization rates, readmission rates, and rates of follow up in the community) provide more actionable information to the mental health system.

- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- Race/ethnicity is calculated using the data elements of ethnicity and Hispanic origin. If Hispanic origin is reported as positive, then the individual is counted as Hispanic, and in no other category. In CY2002, 2003 multiracial is included in the other category.
- If a client has more than one ethnicity reported during a Fiscal Year, then the most recent ethnicity is used.
- Puget Sound Behavioral Health is included only in FY2001.
- Due to a change in the processing of data for Puget Sound Behavioral Health, the number of people served in community inpatient settings are underreported for Pierce RSN in 2002 and 2003.

Community	Community Outpatient Clients Not Hospitalized by Race/Ethnicity											
Quality VII.K.								Calc. S	AS 11/30/04			
Ethnicity	# of Clients Not	FY01		# of Clients Not	Clients			# of Clients Not				
	Hospitaliz ed	Total Served	% of Total Served	Hospitaliz ed	Total Served	% of Total Served		Total Served	% of Total Served			
African												
American	7,080	7,834	90.4%	7,029	7,748	90.7%	6,816	7,460	91.4%			
Asian/Pacific Islander	2,824	3,065	92.1%	2,568	2,784	92.2%	2,236	2,430	92.0%			
Caucasian	80,681	87,522	92.2%	74,350	80,973	91.8%	65,944	71,716	92.0%			
Hispanic	7,666	7,998	95.8%	7,705	8,041	95.8%	7,665	7,959	96.3%			
Native American	3,646	3,900	93.5%	3,475	3,706	93.8%	3,063	3,260	94.0%			
Total	111,626	120,675	92.5%	115,979	125,110	92.7%	118,466	126,867	93.4%			





CLIENT STATUS VIII. A. Employment Status for Adults

A. Operational Definition: Percentage of adult outpatient service recipients (18 – 64 Years) who were employed at any time during a Fiscal Year by RSN and Statewide

Rationale for Use: Employment and productive activity is an important component of role functioning for adults. This measure is influenced by multiple factors, many beyond the scope of the mental health system. Monitoring this indicator for populations with mental illness, however, is critical. Many people with serious mental illness want to obtain and maintain competitive employment. Job skills, training, job coaching, and supported employment has been found to be successful in helping individuals reach their employment goals, and promoting recovery.

Operational Measures: The percentage of adult (18 –64 years) outpatient service recipients who were employed at any time during the Fiscal Year divided by the total number of adult (18 years or older) outpatient service recipients in the same Fiscal Year.

Formula:

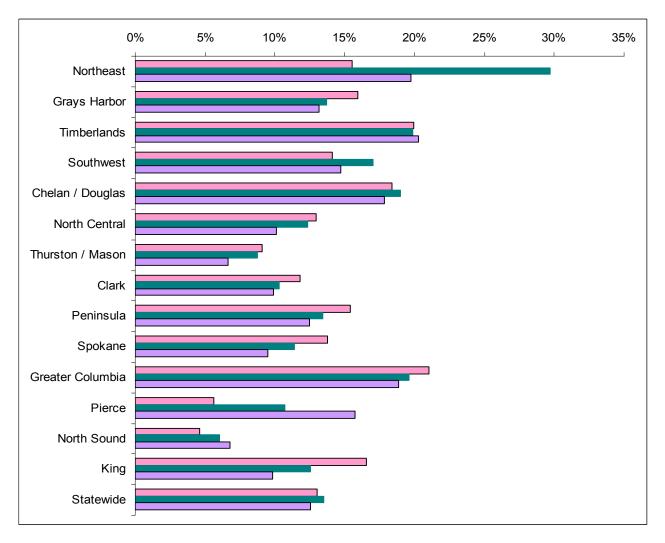
Adult outpatient service recipients who were employed at any time during the Fiscal Year

Number of adult outpatient service recipients in the Fiscal Year

Discussion: If a consumer is employed for any portion of the Fiscal Year they are counted in this indicator. Review of employment in 16-18 year olds and individuals over 64 found very small rates of employment. They are, therefore, not included in this report. Currently, this is only a snapshot or status measure and does not show change over time. An indicator to measure change in employment status over time is presented in Section 3 of this report. Overall, the number of adults who were employed at any time has remained stable across the fiscal years.

- ▶ The National Association of State Mental Health Program Directors (NASMHPD) reports this indicator for adults from 18-64 years of age, because this is the standard employment age.
- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- Age is calculated as of January 1st for each Fiscal Year.
- Prior to January 2002, employment was defined using the Employment data element in the January 2000 Data Dictionary. Employment status was reported every 90 days or as part of the monthly case status. For Fiscal Year 2000 and Fiscal Year 2001, a person was considered employed if they were reported in the category paid employment (1) at any point in time in the Fiscal Year. For Fiscal Year 2002, a person was considered employed if they were reported in the following categories: (1) employment full-time, (3) employment part time, (4) supported employment, and (5) employed sheltered workshops
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services).

Employment S	Status for A	Adults (18-64 yı	rs)					
Client Status VIII.A	١.							Calc. SA	S 12/15/04
RSN	•	FY01			FY02			FY03	
	Employed	Served	%	Employed	Served	%	Employed	Served	%
Northeast	148	951	15.6%	330	1,112	29.7%	264	1,337	19.7%
Grays Harbor	214	1,343	15.9%	183	1,334	13.7%	177	1,346	13.2%
Timberlands	354	1,775	19.9%	400	2,016	19.8%	526	2,593	20.3%
Southwest	368	2,610	14.1%	534	3,142	17.0%	478	3,241	14.7%
Chelan / Douglas	316	1,721	18.4%	311	1,637	19.0%	307	1,720	17.8%
North Central	229	1,770	12.9%	223	1,805	12.4%	173	1,715	10.1%
Thurston / Mason	266	2,933	9.1%	276	3,161	8.7%	207	3,128	6.6%
Clark	463	3,923	11.8%	420	4,061	10.3%	412	4,158	9.9%
Peninsula	644	4,191	15.4%	587	4,360	13.5%	562	4,504	12.5%
Spokane	794	5,753	13.8%	679	5,945	11.4%	566	5,962	9.5%
Greater Columbia	1,891	8,986	21.0%	1,914	9,758	19.6%	1,946	10,322	18.9%
Pierce	670	11,966	5.6%	1,214	11,307	10.7%	1,501	9,537	15.7%
North Sound	541	11,736	4.6%	683	11,316	6.0%	768	11,300	6.8%
King	2,780	16,780	16.6%	2,383	19,025	12.5%	2,003	20,357	9.8%
Statewide	9,660	74,240	13.0%	10,460	77,595	13.5%	9,890	79,000	12.5%



CLIENT STATUS VIII. B. Volunteer Work for Adults

B. Operational Definition: Percentage of adult outpatient service recipients (18 -64) who were engaged in volunteer work at any point in time during a Fiscal Year.

Rationale for Use: Employment and productive activity is an important component of role functioning for adults. This measure is influenced by multiple factors, many beyond the scope of the mental health system. Monitoring this indicator for populations with mental illness, however, is critical. Many people with serious mental illness want to participate in valued roles in society, which includes volunteer activities. Volunteer work can also be a vehicle for returning to paid work.

Operational Measures: The percentage of adult (18-64) outpatient service recipients who were engaged in volunteer work at any point in time during the Fiscal Year by RSN divided by the total number of adult (18-64) outpatient service recipients in the same Fiscal Year by RSN.

Formula:

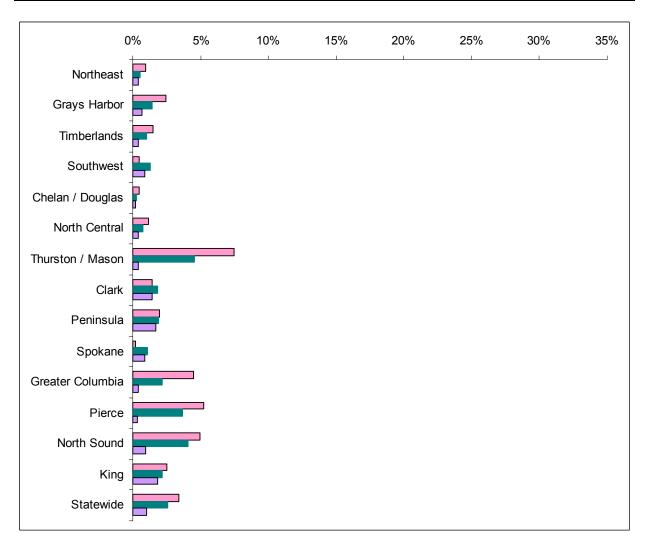
Number of adult outpatient service recipients in volunteer work at any time during the Fiscal Year by RSN

Number of adult outpatient service recipients in the Fiscal Year by RSN

Discussion: If a consumer volunteered for any portion of the Fiscal Year they are counted in this indicator. Review of volunteer work in 16-18 year olds and individuals over 64 found very small rates. They are, therefore, not included in this report. Currently, this is only a snapshot or status measure and does not show change over time. Rates of volunteer work reported among mental health consumers are very low statewide.

- ▶ The National Association of State Mental Health Program Directors (NASMHPD) only reports this indicator for adults from 18-64 years of age, because this is the standard employment age.
- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- Age is calculated as of January 1st for each Fiscal Year.
- Prior to January 2002, volunteer work was defined using the Employment data element in the January 2000 Data Dictionary. Employment status was reported every 90 days or as part of the monthly case status. For Fiscal Year 2000 and Fiscal Year 2001, a person was considered engaged in volunteer work if they were reported in the category (2) unpaid employment. For Fiscal Year 2002, a person was considered engaged in volunteer work if they are reported in category (6) volunteer work.
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services).

Volunteer Work for Adults (18-64 yrs)										
Client Status VIII.B	i.							Calc. SA	AS 12/07/04	
RSN	FY01			<u>FY02</u>			<u>FY03</u>			
	Volunteer	Served	%	Volunteer	Served	%	Volunteer	Served	%	
Northeast	9	951	0.9%	6	1,112	0.5%	5	1,337	0.4%	
Grays Harbor	33	1,343	2.5%	19	1,334	1.4%	9	1,346	0.7%	
Timberlands	26	1,775	1.5%	21	2,016	1.0%	11	2,593	0.4%	
Southwest	12	2,610	0.5%	40	3,142	1.3%	28	3,241	0.9%	
Chelan / Douglas	8	1,721	0.5%	5	1,637	0.3%	4	1,720	0.2%	
North Central	21	1,770	1.2%	13	1,805	0.7%	7	1,715	0.4%	
Thurston / Mason	219	2,933	7.5%	143	3,161	4.5%	12	3,128	0.4%	
Clark	57	3,923	1.5%	74	4,061	1.8%	58	4,158	1.4%	
Peninsula	83	4,191	2.0%	84	4,360	1.9%	76	4,504	1.7%	
Spokane	12	5,753	0.2%	63	5,945	1.1%	51	5,962	0.9%	
Greater Columbia	405	8,986	4.5%	214	9,758	2.2%	40	10,322	0.4%	
Pierce	627	11,966	5.2%	417	11,307	3.7%	33	9,537	0.3%	
North Sound	585	11,736	5.0%	460	11,316	4.1%	106	11,300	0.9%	
King	422	16,780	2.5%	420	19,025	2.2%	376	20,357	1.8%	
Statewide	2,519	74,240	3.4%	1,983	77,595	2.6%	826	79,000	1.0%	



CLIENT STATUS IX. A. Living Situation: Adults Homeless

A. Operational Definition: Percentage of adult outpatient service recipients who had homeless listed as their primary residence at any time in the Fiscal Year.

Rationale for Use: Assisting service recipients in finding and maintaining appropriate housing is a major value of the mental health system. Although homelessness is influenced by a number of factors, many of which reside outside the mental health system, it is an important negative outcome for service recipients. Homelessness can create barriers to receiving services and impact a person's safety and well being. The implications of homelessness can vary according to a person's age (e.g., children who are homeless may have their education disrupted) and addressing homelessness among different age groups requires different interventions.

Operational Measures: The number of adult (18 years or older) outpatient service recipients who had homeless as their primary residence at some point in the Fiscal Year by RSN divided by the total number of adult (18 years or older) outpatient service recipients in the same RSN in the Fiscal Year.

Formula:

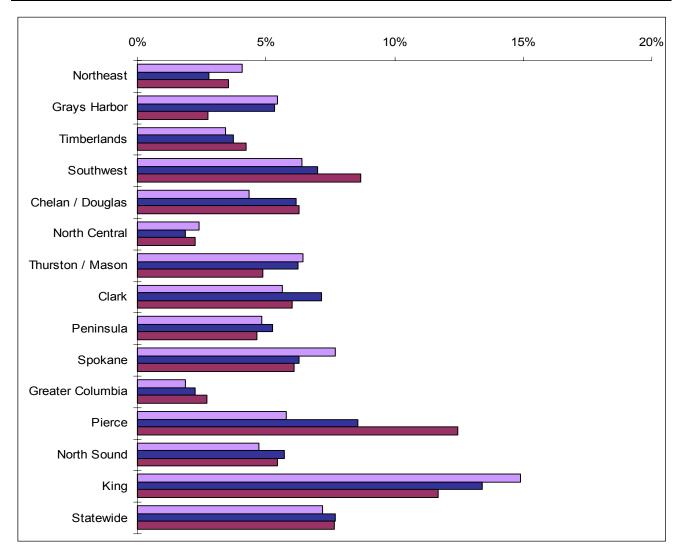
Number of adult outpatient recipients with homeless as primary residence at any time in the Fiscal Year by RSN

Number of adult outpatient service recipients in the Fiscal Year by RSN

Discussion: This indicator shows the percentage of adult service recipients whose primary residence was homeless at some point in the Fiscal Year. The number of homeless served has increased statewide and for most RSNs.

- In Fiscal Year 2001 Programs to Aid in the Transition from Homelessness (PATH) grants existed in King, Pierce, Spokane, Clark, Thurston-Mason, and Snohomish County. In Fiscal Year 2002 PATH grants existed in Clark, Greater Columbia, King, Pierce, Snohomish County, Spokane, Thurston/Mason, and Timberlands.
- Age is calculated as of January 1, for each Fiscal Year.
- Adults are defined as 18 and above.
- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- Prior to January 2002, homeless is defined by the Residential Arrangement Code found in the January 2000 Data Dictionary. If a person is listed with a code 330 (homeless) at any point in time during the Fiscal Year they are considered homeless for the purposes of this indicator.
- After January 1, 2002, homeless is defined by the Living Situation Element found in the January 2002 Data Dictionary. If a person is listed with a code of 70 (homeless) at any point in time during the Fiscal Year they are considered homeless for the purposes of this indicator.
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services).

Living Situation	Living Situation: Adults Homeless (18+ years)											
Client Status IXA.								Calc.SA	S 12/15/04			
		FY01		FY02				FY03				
RSN												
	Homeless	Served	%	Homeless	Served	%	Homeless	Served	%			
Northeast	43	1,059	4.1%	33	1,187	2.8%	51	1,435	3.6%			
Grays Harbor	88	1,614	5.5%	81	1,524	5.3%	43	1,557	2.8%			
Timberlands	81	2,351	3.4%	100	2,686	3.7%	142	3,352	4.2%			
Southwest	177	2,773	6.4%	233	3,326	7.0%	296	3,405	8.7%			
Chelan / Douglas	85	1,965	4.3%	116	1,874	6.2%	123	1,953	6.3%			
North Central	46	1,929	2.4%	36	1,918	1.9%	41	1,836	2.2%			
Thurston / Mason	205	3,184	6.4%	213	3,411	6.2%	163	3,340	4.9%			
Clark	240	4,245	5.7%	312	4,368	7.1%	267	4,444	6.0%			
Peninsula	236	4,897	4.8%	264	5,030	5.2%	241	5,191	4.6%			
Spokane	541	7,044	7.7%	460	7,315	6.3%	443	7,280	6.1%			
Greater Columbia	192	10,255	1.9%	247	10,925	2.3%	313	11,532	2.7%			
Pierce	770	13,267	5.8%	1,055	12,334	8.6%	1,270	10,191	12.5%			
North Sound	603	12,802	4.7%	705	12,324	5.7%	674	12,377	5.4%			
King	2,954	19,850	14.9%	2,976	22,173	13.4%	2,728	23,363	11.7%			
Statewide	6,154	85,350	7.2%	6,791	88,284	7.7%	6,835	89,381	7.6%			



CLIENT STATUS IX. B. Living Situation: Adults Independent Living

B. Operational Definition: Percentage of adult outpatient service recipients (18 years or older) who had an independent living situation as their primary residence any time during the Fiscal Year by RSN and Statewide.

Rationale for Use: Assisting consumers in finding and maintaining appropriate housing is a major value of the mental health system. Moving consumers to the least restrictive environment possible is also a major goal of the system. Although housing is influenced by a number of factors, many of which reside outside the mental health system, it is an important outcome for service recipients.

Operational Measures: The number of adult (18 years or older) outpatient service recipients in a RSN who listed an independent primary residence at some point in time during the Fiscal Year divided by the total number of adult (18 years or older) outpatient service recipients in the RSN in the same Fiscal Year.

Formula:

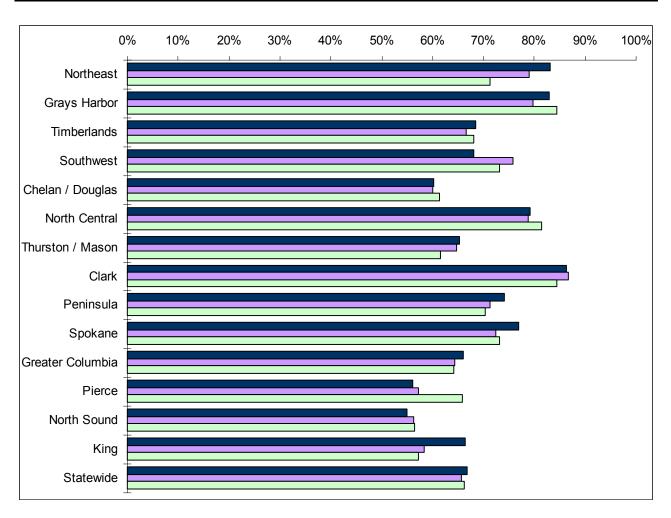
Number of adult outpatient service recipients in independent living situat	ions at any time
during the Fiscal Year	-

Number of adult outpatient service recipients in the Fiscal Year

Discussion: This indicator shows the percentage of adult consumers who were in independent living situations at some point in time in the Fiscal Year. The percentage of adults living in independent living situations can be affected by the amount of available low income housing; an individual's functional status; and a person's desire to live independently and the availability of residential alternatives such as group homes, supported housing, and adult family homes. Overall, the majority of consumes served across the state are living in independent settings.

- Age is calculated as of January 1, for each Fiscal Year.
- Prior to January 2002, independent living situation was defined by the Residential Arrangement Code found in the January 2000 Data Dictionary. If a person was listed with a code 310 (own home) or 320 (other's home not by choice) at any time during the Fiscal Year they were considered in an independent living situation for the purposes of this indicator.
- After January 1, 2002, independent living situation is defined by the Living Situation Code found in the January 2002 Data Dictionary. If a person listed with a code 10 (private residence without support) or 20 (private residence with support) at any time during the Fiscal Year they are considered in an independent living situation for the purposes of this indicator.
- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in <u>each</u> RSN in which they received services).

Living Situation	Living Situation: Adults Independent Living										
Client Status IXB.								Cal. SAS 12/	15/04		
RSN	<u>FY01</u>			<u>FY02</u>			<u>FY03</u>				
	Ind. Living	Served	%	Ind. Living	Served	%	Ind. Living	Served	%		
Northeast	881	1,059	83.2%	938	1,187	79.0%	1,024	1,435	71.4%		
Grays Harbor	1,337	1,614	82.8%	1,215	1,524	79.7%	1,316	1,557	84.5%		
Timberlands	1,612	2,351	68.6%	1,791	2,686	66.7%	2,280	3,352	68.0%		
Southwest	1,886	2,773	68.0%	2,523	3,326	75.9%	2,489	3,405	73.1%		
Chelan / Douglas	1,182	1,965	60.2%	1,124	1,874	60.0%	1,199	1,953	61.4%		
North Central	1,529	1,929	79.3%	1,511	1,918	78.8%	1,494	1,836	81.4%		
Thurston / Mason	2,081	3,184	65.4%	2,206	3,411	64.7%	2,056	3,340	61.6%		
Clark	3,665	4,245	86.3%	3,789	4,368	86.7%	3,748	4,444	84.3%		
Peninsula	3,626	4,897	74.0%	3,588	5,030	71.3%	3,656	5,191	70.4%		
Spokane	5,419	7,044	76.9%	5,296	7,315	72.4%	5,333	7,280	73.3%		
Greater Columbia	6,780	10,255	66.1%	7,021	10,925	64.3%	7,403	11,532	64.2%		
Pierce	7,438	13,267	56.1%	7,055	12,334	57.2%	6,708	10,191	65.8%		
North Sound	7,036	12,802	55.0%	6,933	12,324	56.3%	6,982	12,377	56.4%		
King	13,193	19,850	66.5%	12,954	22,173	58.4%	13,378	23,363	57.3%		
Statewide	57,028	85,350	66.8%	58,051	88,284	65.8%	59,236	89,381	66.3%		



CLIENT STATUS IX. C. Living Situation: Children & Youth

C. Operational Definition: Percentage of children/youth (0-17 yrs) whose primary residence was listed at any time as their own home, foster care, or other in the Fiscal Year.

Rationale for Use: Maintaining children with mental health problems in the least restrictive environment; minimizing inappropriate out-of-home placements; and returning children quickly to homelike settings are major values of the mental health system. Although housing is influenced by a number of factors, many of which reside outside the mental health system's control, addressing living situations that are detrimental to a child's health and well-being is a major goal of the mental health system.

Operational Measures: The number of children/youth (0-17 yrs) whose primary residence was listed as their own home, foster care, or some other living arrangement at some point in the Fiscal Year by RSN divided by the total number of children or youth outpatient service recipients in the RSN in the same Fiscal Year.

Formula:

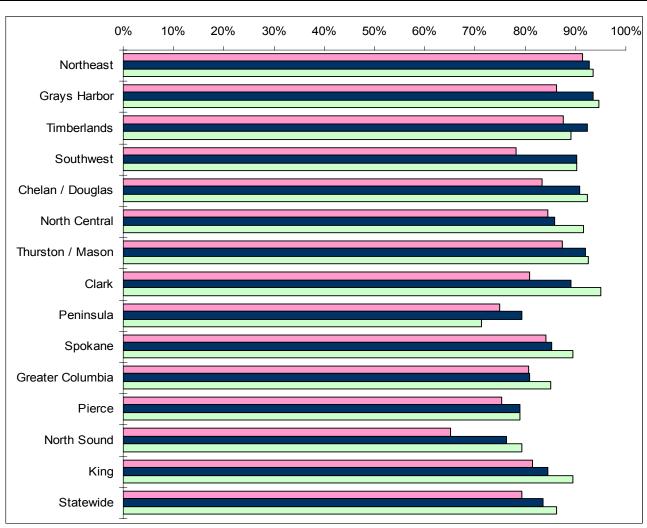
Number of children/youth (0-17) whose primary residence was listed as {own home, foster care, other} at any time during the Fiscal Year

Number of children/youth (0-17) outpatient service recipients in the Fiscal Year

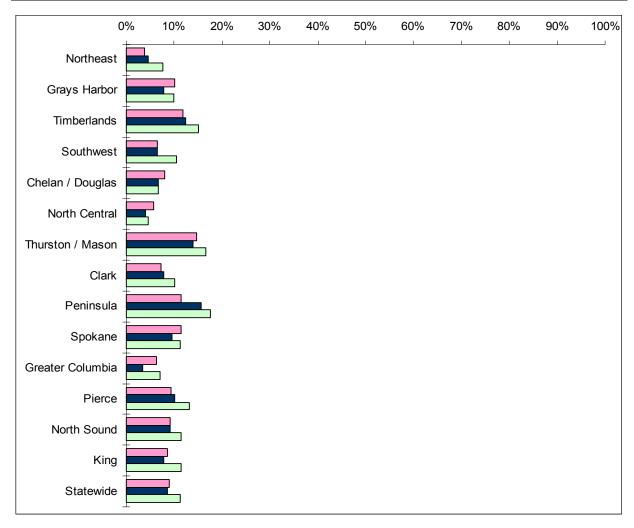
Discussion: This indicator shows the percentage of children/youth who were listed as living in their own home, in foster care, or in other settings as their primary residence at some time during the Fiscal Year. Most youth that received mental health services live in their own home.

- Age is calculated as of January 1, for each Fiscal Year.
- Children and youth are defined as less than 18 years of age.
- Prior to January 2002, living situation was defined by the Residential Arrangement Code, found in the January 2000 Data Dictionary.
 - Own Home was defined as: code 310 (own home by choice) or 320 (other's home not by choice).
 - ♦ Foster Care was defined as: code 120 (foster home).
 - Other Settings were defined as: code 010 (long-term rehab. facility or RTF), 020 (nursing facility), 030 (child group home), 040 (congregate care facility), 050 (jail/correctional facility), 060 (interim placement), 110 (adult family home), 330 (homeless), or 999 (other).
- After January 1, 2002, living situation is defined by the Living Situation Code found in the January 2002 Data Dictionary.
 - Own Home is defined as code 10 (private residence without support), 20 (private residence with support)
 - Foster Care is defined as: code 30 (foster care)
 - Other Settings are defined as: code 40 (24-hr residential care), 50 (institutional), 60 (jail/juvenile correction facility), 70 (homeless), and 80 (other).
- The RSN count shows the number of unduplicated clients within each RSN.
- Living situation categories are not unduplicated. A child could appear in all three categories.
- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.

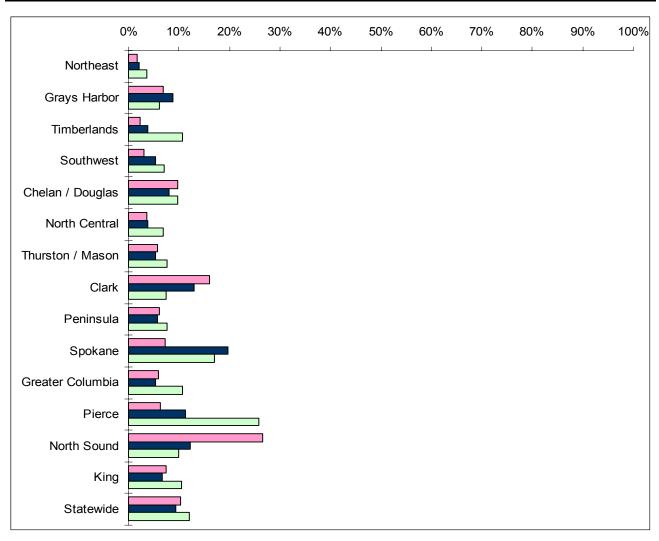
Living Situation	Living Situation: Children & Youth (0-17 yrs) In Own Home										
Client Status IX.C.								Calc.SA	S 12/15/04		
	<u>FY01</u>				FY02			FY03			
RSN		Own	%Own		Own	%Own		Own	%Own		
	Served	Home	Home	Served	Home	Home	Served	Home	Home		
Northeast	454	415	91.4%	509	472	92.7%	572	535	93.5%		
Grays Harbor	714	616	86.3%	736	688	93.5%	811	768	94.7%		
Timberlands	951	832	87.5%	1,000	924	92.4%	967	861	89.0%		
Southwest	1,065	833	78.2%	1,234	1,113	90.2%	1,224	1,105	90.3%		
Chelan / Douglas	711	593	83.4%	756	686	90.7%	846	781	92.3%		
North Central	814	688	84.5%	892	766	85.9%	882	808	91.6%		
Thurston / Mason	1,272	1,110	87.3%	1,412	1,299	92.0%	1,427	1,320	92.5%		
Clark	2,586	2,089	80.8%	2,645	2,355	89.0%	2,404	2,283	95.0%		
Peninsula	1,801	1,348	74.8%	1,654	1,313	79.4%	1,730	1,233	71.3%		
Spokane	2,541	2,137	84.1%	2,872	2,450	85.3%	2,923	2,616	89.5%		
Greater Columbia	4,847	3,909	80.6%	4,997	4,038	80.8%	5,343	4,549	85.1%		
Pierce	5,082	3,823	75.2%	4,937	3,899	79.0%	4,409	3,484	79.0%		
North Sound	5,474	3,562	65.1%	5,667	4,323	76.3%	6,063	4,803	79.2%		
King	7,150	5,825	81.5%	7,745	6,539	84.4%	8,462	7,566	89.4%		
Statewide	35,061	27,780	79.2%	36,590	30,528	83.4%	37,547	32,333	86.1%		



Living Situation	Living Situation Status: Children & Youth (0-17 yrs): In Foster Care										
Client Status IX.C.								Calc. SA	S 12/15/04		
	<u>FY01</u>				Y02		FY03				
RSN	_	Foster	% Foster		Foster	% Foster	_	Foster	% Foster		
	Served	Care	Care	Served	Care	Care	Served	Care	Care		
Northeast	454	17	3.7%	509	23	4.5%	572	44	7.7%		
Grays Harbor	714	72	10.1%	736	58	7.9%	811	81	10.0%		
Timberlands	951	113	11.9%	1,000	124	12.4%	967	145	15.0%		
Southwest	1,065	70	6.6%	1,234	81	6.6%	1,224	129	10.5%		
Chelan / Douglas	711	57	8.0%	756	51	6.7%	846	56	6.6%		
North Central	814	46	5.7%	892	36	4.0%	882	40	4.5%		
Thurston / Mason	1,272	188	14.8%	1,412	197	14.0%	1,427	238	16.7%		
Clark	2,586	186	7.2%	2,646	209	7.9%	2,404	241	10.0%		
Peninsula	1,801	206	11.4%	1,654	260	15.7%	1,730	305	17.6%		
Spokane	2,541	291	11.5%	2,872	276	9.6%	2,923	328	11.2%		
Greater Columbia	4,847	305	6.3%	5,000	175	3.5%	5,343	381	7.1%		
Pierce	5,082	478	9.4%	4,938	498	10.1%	4,409	579	13.1%		
North Sound	5,474	503	9.2%	5,667	523	9.2%	6,063	691	11.4%		
King	7,150	610	8.5%	7,745	603	7.8%	8,462	975	11.5%		
Statewide	35,323	3,142	8.9%	36,594	3,114	8.5%	37,548	4,233	11.3%		



Living Situation	on: Childre	n & Yo	uth (0-1	7 yrs) In O	ther Re	sidence				
Client Status IX.C.								Calc. SA	AS 12/15/04	
RSN	<u>FY01</u>				<u>FY02</u>			<u>FY03</u>		
N. O.	Served	Other	% Other			% Other		Other	% Other	
Northeast	454	8	1.8%	509	11	2.2%	572	21	3.7%	
Grays Harbor	714	49	6.9%	736	65		811	50	6.2%	
Timberlands	951	22	2.3%	1,000	39		967	104	10.8%	
Southwest	1,065	32	3.0%	1,234	67	5.4%	1,224	86	7.0%	
Chelan / Douglas	711	69	9.7%	756	61	8.1%	846	82	9.7%	
North Central	814	30	3.7%	892	34	3.8%	882	60	6.8%	
Thurston / Mason	1,272	72	5.7%	1,412	76	5.4%	1,427	108	7.6%	
Clark	2,586	415	16.0%	2,646	345	13.0%	2,404	177	7.4%	
Peninsula	1,801	109	6.1%	1,654	96	5.8%	1,730	132	7.6%	
Spokane	2,541	184	7.2%	2,872	565	19.7%	2,923	497	17.0%	
Greater Columbia	4,847	286	5.9%	5,000	263	5.3%	5,343	569	10.6%	
Pierce	5,082	324	6.4%	4,938	560	11.3%	4,409	1,136	25.8%	
North Sound	5,474	1,454	26.6%	5,667	689	12.2%	6,063	599	9.9%	
King	7,150	535	7.5%	7,745	525	6.8%	8,462	897	10.6%	
Statewide	35,063	3,589	10.2%	36,594	3,396	9.3%	37,548	4,518	12.0%	



CLIENT STATUS IX. D. Living Situation: Children Homeless

D. Operational Definition: Percentage of children/youth (0-17 yrs) outpatient service recipients whose primary residence was listed as homeless in the Fiscal Year by RSN and Statewide.

Rationale for Use: Homelessness is an extremely negative outcome for youth with mental health problems. Finding and maintaining appropriate housing is a major goal of the mental health system. Although housing is influenced by a number of factors, many of which reside outside the mental health system, maintaining children and youth (0-17 years) and their families in homes is an important service goal.

Operational Measures: The number of children/youth (0-17 years) outpatient service recipients whose primary residence was listed as homeless at some point in time in the Fiscal Year divided by the total number of children or youth outpatient service recipients in the RSN in the same Fiscal Year.

Formulas:

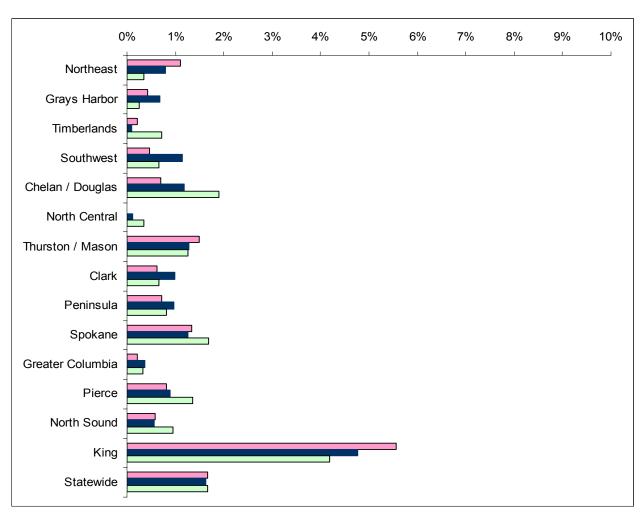
Number of children/youth outpatient service recipients whose primary residence was listed as homeless at any time during the Fiscal Year

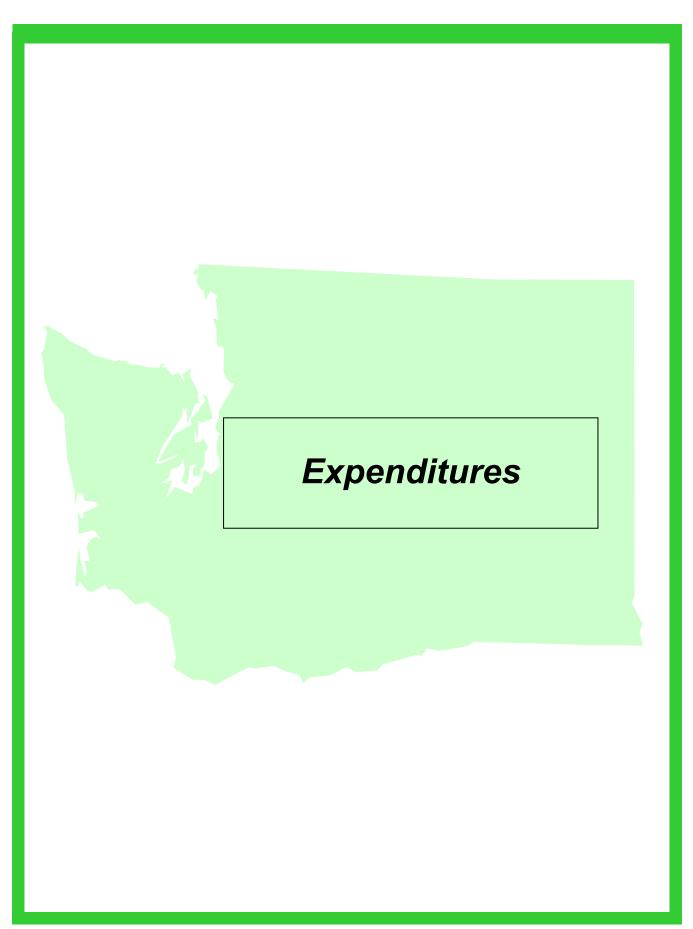
Number of children/youth outpatient service recipients in the Fiscal Year

Discussion: This indicator shows the percentage of children/youth (0-17 years) who were listed as homeless as their primary residence at some point in time during the Fiscal Year by RSN and Statewide. The rates of children who are homeless are extremely low. King County, much as with adults, serves the largest percentage of homeless youth.

- Age is calculated as January 1, for each Fiscal Year.
- ▶ Children and youth are defined as less than 18 years of age.
- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- Prior to January 2002, homeless was defined by the Residential Arrangement Code found in the January 2000 Data Dictionary. If a person was listed with a code 330 (homeless) at any point in time during the Fiscal Year they were considered homeless for the purposes of this indicator.
- After January 1, 2002, homeless is defined by the Living Situation Element found in the January 2002 Data Dictionary. If a person is listed with a code of 70 (homeless) at any point in time during the Fiscal Year they are considered homeless for the purposes of this indicator.
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services).

Living Situation	Living Situation: Children & Youth (0-17 yrs) Homeless										
Client Status IX.D.							(Cal. SAS 12/1	5/04		
RSN	<u>FY01</u>			<u>FY02</u>			<u>FY03</u>				
	Homeless	Served	%	Homeless	Served	%	Homeless	Served	%		
Northeast	5	454	1.1%	4	509	0.8%	2	572	0.3%		
Grays Harbor	3	714	0.4%	5	736	0.7%	2	811	0.2%		
Timberlands	2	950	0.2%	1	1,000	0.1%	7	967	0.7%		
Southwest	5	1,065	0.5%	14	1,234	1.1%	8	1,224	0.7%		
Chelan / Douglas	5	711	0.7%	9	756	1.2%	16	846	1.9%		
North Central	0	814	0.0%	1	892	0.1%	3	883	0.3%		
Thurston / Mason	19	1,272	1.5%	18	1,412	1.3%	18	1,427	1.3%		
Clark	16	2,586	0.6%	26	2,645	1.0%	16	2,403	0.7%		
Peninsula	13	1,801	0.7%	16	1,654	1.0%	14	1,729	0.8%		
Spokane	34	2,541	1.3%	36	2,872	1.3%	49	2,922	1.7%		
Greater Columbia	10	4,846	0.2%	18	4,999	0.4%	18	5,342	0.3%		
Pierce	41	5,082	0.8%	44	4,937	0.9%	60	4,408	1.4%		
North Sound	32	5,474	0.6%	32	5,667	0.6%	58	6,063	1.0%		
King	398	7,150	5.6%	369	7,745	4.8%	354	8,462	4.2%		
Statewide	583	35,062	1.7%	593	36,590	1.6%	625	37,696	1.7%		





EXPENDITURES X. A. Expenditures per Consumer for Community Outpatient Services

A. Operational Definition: Average annual community outpatient expenditures per consumer for a Fiscal Year.

Rationale for Use: Cost indicators can be used to understand trends in resource allocation, to demonstrate relative levels of effort and resource availability, and to assess the financial viability of agencies within the public mental health system. They can be combined with other indicators to understand trends in system-level changes across time.

Operational Measures: The number of dollars spent on community outpatient mental health services divided by the total number of community outpatient clients in a Fiscal Year.

Formula:

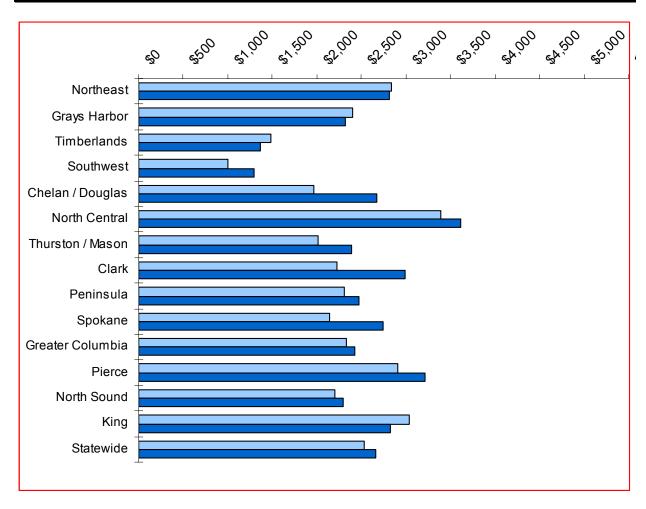
Number of dollars spent on community outpatient mental health services in the Fiscal Year

Number of community outpatient mental health service recipients in the Fiscal Year

Discussion: Cost data are broad estimates of the costs of services provided. Outpatient service costs include therapeutic and residential services and both tertiary and acute services. Revenue and Expenditure reports do not break out funds by age or ethnic groups, therefore these break outs are not reported. The average annual outpatient expenditure has increased slightly. However, there remains significant variability across RSNs.

- Dollar amounts are taken from RSN Revenue and Expenditure Reports. Amounts are calculated from all outpatient expenditures.
- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- Changes to Revenue and Expenditure reporting in Fiscal Year 2001 improved comparability of data across RSNs.

Expenditures per Consumer for Community Outpatient Services								
Expenditures X.A. Calc. 11/30/04								
RSN	# OP Served	FY02	Annual OP	# OP Served	FY03 OP Services	Annual OP		
Northeast	1,696	\$4,830,674			\$5,651,014			
Grays Harbor	2,263	\$5,478,792	· ·		\$5,564,378			
Timberlands	3,686	\$5,475,544			\$5,880,358			
Southwest	4,565	\$4,579,163			\$6,001,011			
Chelan / Douglas	2,630	\$5,178,969	\$1,969	2,799	\$7,487,233			
North Central	2,810	\$9,519,721	\$3,388	2,721	\$9,775,873	\$3,593		
Thurston / Mason	4,822	\$9,710,295	\$2,014	4,768	\$11,420,083	\$2,395		
Clark	7,015	\$15,624,239	\$2,227	6,848	\$20,645,777	\$3,015		
Peninsula	6,701	\$15,505,264	\$2,314	6,920	\$17,139,234	\$2,477		
Spokane	10,187	\$21,912,163	\$2,151	10,203	\$27,998,452	\$2,744		
Greater Columbia	15,928	\$37,067,871	\$2,327	16,875	\$40,985,976	\$2,429		
Pierce	17,440	\$50,638,547	\$2,904	14,649	\$47,061,097	\$3,213		
North Sound	17,992	\$39,646,765	\$2,204	18,439	\$42,205,095	\$2,289		
King	29,957	\$91,101,979	\$3,041	31,889	\$90,227,323	\$2,829		
Statewide	125,110	\$316,269,986	\$2,528	126,867	\$338,042,904	\$2,665		



EXPENDITURES X. B. Expenditures per Hour of Community Outpatient Service

B. Operational Definition: Average annual expenditures per hour of outpatient service.

Rationale for Use: Cost indicators can be used to understand trends in resource allocation, to demonstrate relative levels of effort and resource availability, and to assess the financial viability of agencies within the public mental health system. They can be combined with other indicators to understand trends in system-level change across time.

Operational Measures: The number of dollars spent on outpatient mental health services divided by the total number of outpatient service hours in a Fiscal Year.

Formula:

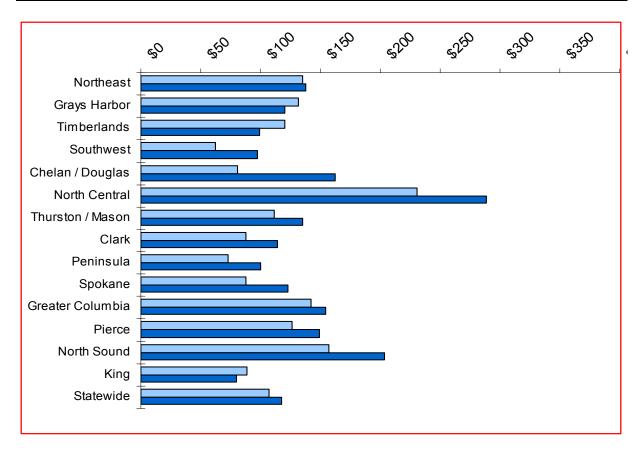
Number of dollars spent on outpatient mental health services in the Fiscal Year by RSN

Number of mental health outpatient service hours in the Fiscal Year by RSN

Discussion: Cost data are broad estimates of the costs of services provided. Outpatient service costs include therapeutic and residential services and both tertiary and acute services. Revenue and Expenditure reports do not break out funds by age or ethnic groups, therefore these break outs are not reported. The average expenditure for an hour of outpatient services has gone down overall though there is considerable variability across RSNs.

- ▶ 2002 and 2003 data excludes crisis hotline calls, 24-hour crisis services, and residential services as specified in the January 2002 Data Dictionary. Reporting of these services varies across the state.
- Changes to Revenue and Expenditure reporting in Fiscal Year 2001 improved comparability of data across RSNs.
- Dollar amounts are taken from RSN Revenue and Expenditure Reports. Amounts are calculated from all outpatient expenditures.

Expenditures per Hour of Community Outpatient Service							
Expenditures XB.						Calc. 11/30/04	
	<u>FY02</u>			<u>FY03</u>			
			Average				
RSN			Annual			Average	
	# OP		Cost per	# OP		Annual Cost	
	Service	Total Cost of	Hour of		Total Cost of	•	
	Hours	Services	Service	Hours	Services	Service	
Northeast	35,771	\$4,830,674	\$135	42,393	\$5,651,014	\$133	
Grays Harbor	41,476	\$5,478,792	\$132		\$5,564,378		
Timberlands	45,552	\$5,475,544	\$120	61,308	\$5,880,358	\$96	
Southwest	73,077	\$4,579,163	\$63	74,514	\$6,001,011	\$81	
Chelan / Douglas	64,283	\$5,178,969	\$81	48,437	\$7,487,233	\$155	
North Central	41,310	\$9,519,721	\$230	45,064	\$9,775,873	\$217	
Thurston / Mason	87,362	\$9,710,295	\$111	93,241	\$11,420,083	\$122	
Clark	176,506	\$15,624,239	\$89	182,137	\$20,645,777	\$113	
Peninsula	212,653	\$15,505,264	\$73	208,532	\$17,139,234	\$82	
Spokane	249,231	\$21,912,163	\$88	257,857	\$27,998,452	\$109	
Greater Columbia	261,197	\$37,067,871	\$142	289,143	\$40,985,976	\$142	
Pierce	401,108	\$50,638,547	\$126	372,074	\$47,061,097	\$126	
North Sound	251,919	\$39,646,765	\$157	255,413	\$42,205,095	\$165	
King	1,024,512	\$91,101,979	\$89	1,328,390	\$90,227,323	\$68	
Statewide	2,965,959	\$316,269,986	\$107	3,307,619	\$338,042,904	\$102	



EXPENDITURES XI. A. Expenditures per Consumer for Community Inpatient

A. Operational Definition: Average annual expenditure of community inpatient services per inpatient client by RSN and Statewide for a Fiscal Year

Rationale for Use: Cost indicators can be used to understand trends in resource allocation, to demonstrate relative levels of effort and resource availability, and to assess the financial viability of agencies within the public mental health system. They can be combined with other indicators to understand trends in system-level change across time.

Operational Measures: The number of dollars spent on inpatient mental health services (community hospital, E&T) divided by the total number of inpatient clients in a Fiscal Year.

Formula:

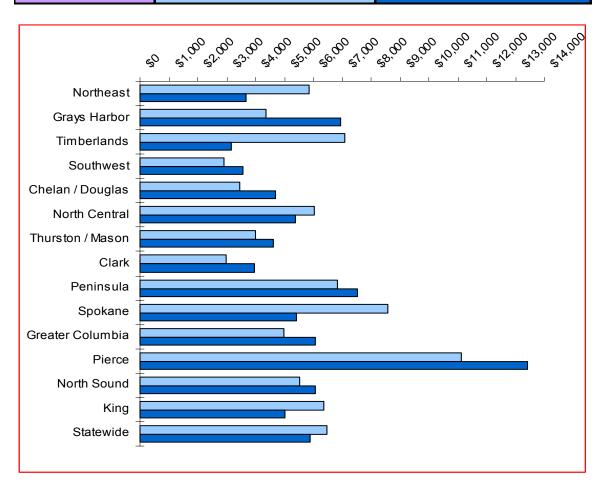
Number of dollars spent on inpatient (CH, E&T) mental health services in the Fiscal Year

Number of mental health inpatient (CH, E&T) service recipients in the Fiscal Year

Discussion: Cost data are broad estimates of the cost of services provided. Inpatient service costs include voluntary and involuntary costs for community hospitals and evaluation and treatment centers. Revenue and Expenditure reports do not break out funds by age or ethnic groups, therefore, these break outs are not reported. Inpatient expenditures have decreased significantly, though there is considerable variability across RSNs.

- Peninsula, King & North Sound data include E&T services.
- Counts of clients served are unduplicated across Community Hospitals and E&Ts and include the most recent dispute resolutions available at the time of publication.
- A client may have multiple admits, but only be counted once.
- RSNs do not control hospital rates. MAA negotiates and establishes hospital rates, which affect cost.
- Changes to Revenue and Expenditure reporting in Fiscal Year 2001 improved comparability of data across RSNs.
- Dollar amounts are taken from RSN Revenue and Expenditure Reports. Amounts are calculated from all inpatient expenditures.
- Community Hospital data based on Medicaid billing. Prior to July 01 Medicaid-Medicare crossovers were excluded from these calculations.
- ▶ State Hospitals & CLIP are not included.
- Due to a change in the processing of data for Puget Sound Behavioral Health, the number of people served in community inpatient settings are underreported for Pierce RSN in 2002 and 2003.

Expendutures per Consumer for Community Inpatient							
Expenditures XI.A. Calc. 10/6/04							
	<u>FY02</u>			FY03			
RSN			Average			Average	
KON			Annual			Annual	
	# IPs	Total Cost of	Cost per		Total Cost of	Cost per	
	Served	IP Services	Person		IP Services	Person	
Northeast	48	\$280,175	\$5,837		\$168,495		
Grays Harbor	67	\$292,728	\$4,369	59	\$409,592	\$6,942	
Timberlands	55	\$389,671	\$7,085	71	\$223,546	\$3,149	
Southwest	378	\$1,098,528	\$2,906	341	\$1,220,712	\$3,580	
Chelan / Douglas	71	\$245,980	\$3,465	76	\$357,029	\$4,698	
North Central	120	\$723,817	\$6,032	112	\$603,775	\$5,391	
Thurston / Mason	257	\$1,024,746	\$3,987	250	\$1,158,743	\$4,635	
Clark	342	\$1,020,099	\$2,983	331	\$1,314,520	\$3,971	
Peninsula	522	\$3,571,536	\$6,842	484	\$3,651,036	\$7,543	
Spokane	659	\$5,663,232	\$8,594	671	\$3,640,108	\$5,425	
Greater Columbia	623	\$3,097,414	\$4,972	611	\$3,720,983	\$6,090	
Pierce	1,093	\$12,165,847	\$11,131	614	\$8,241,496	\$13,423	
North Sound	1,566	\$8,653,505	\$5,526	1,546	\$9,375,790	\$6,065	
King	3,008	\$19,133,652	\$6,361	3,110	\$15,651,048	\$5,032	
Statewide	8,860	\$57,360,930	\$6,474	8,444	\$49,736,873	\$5,890	



EXPENDITURES XI. B. Expenditure per Day of Community Inpatient

B. Operational Definition: Average annual expenditure per day of inpatient service

Rationale for Use: Cost indicators can be used to understand trends in resource allocation, to demonstrate relative levels of effort and resource availability, and to assess the financial viability of agencies within the public mental health system. They can be combined with other indicators to understand trends in system-level change across time.

Operational Measures: The number of dollars spent on inpatient mental health services (community hospitals, E&Ts) by RSNs in a Fiscal Year divided by the total number inpatient days (community hospitals, E&Ts) by RSN in a Fiscal Year.

Formula:

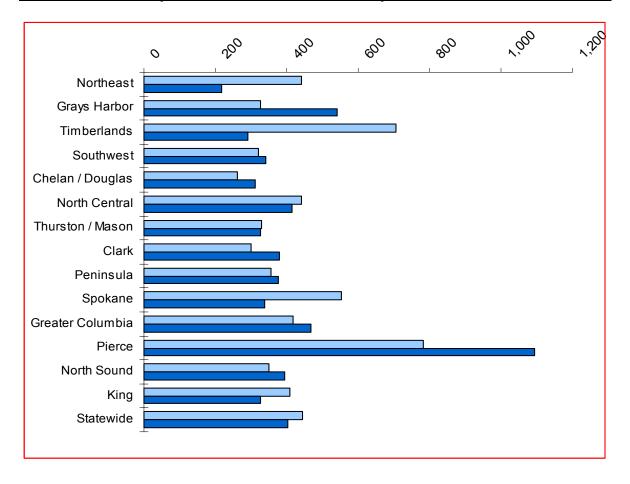
Number of dollars spent on inpatient mental health services in the Fiscal Year by RSN

Number of inpatient days in the Fiscal Year by RSN

Discussion: Cost data are broad estimates of the costs of services provided. Outpatient service costs include therapeutic and residential services and both tertiary and acute services. Revenue and Expenditure reports do not break out funds by age or ethnic groups, therefore, these break outs are not reported. The average expenditure for an inpatient day has decreased overall, through there is considerable variability across the RSNs.

- Peninsula, King & North Sound data include E&T services.
- ▶ RSN days include the most recent dispute resolutions at the time of publication.
- RSNs do not control the hospital rates. MAA negotiates and establishes hospital rates, which affect cost.
- Changes to Revenue and Expenditure reporting in Fiscal Year 2001 improved comparability of data across RSNs.
- Dollar amounts are taken from RSN Revenue and Expenditure Reports. Amounts are calculated from all inpatient expenditures.
- Community hospital data is based on Medicaid billing. Prior to July 01 Medicaid-Medicare crossovers were excluded from these calculations.
- Due to a change in the processing of data for Puget Sound Behavioral Health, the number of people served in community inpatient settings are underreported for Pierce RSN in 2002 and 2003.

Expenditure per Day of Community Inpatient								
Expenditures XI.B. Calc. 10/6/04								
	FY02			FY03				
RSN	# IP Days	Total Cost of IP Services	Average Annual Cost per Day of IP Service		Total Cost of IP Services	Average Annual Cost per Day of IP Service		
Northeast	633	\$280,175	\$443		\$168,495	\$217		
Grays Harbor	895	\$292,728	\$327	755	\$409,592	\$543		
Timberlands	553	\$389,671	\$705		\$223,546	\$290		
Southwest	3,433	\$1,098,528	\$320		\$1,220,712	\$341		
Chelan / Douglas	942	\$245,980	\$261		\$357,029	\$310		
North Central	1,643	\$723,817	\$441	1,459	\$603,775	\$414		
Thurston / Mason	3,104	\$1,024,746	\$330	3,550	\$1,158,743	\$326		
Clark	3,385	\$1,020,099	\$301	3,470	\$1,314,520	\$379		
Peninsula	10,042	\$3,571,536	\$356	9,700	\$3,651,036	\$376		
Spokane	10,230	\$5,663,232	\$554	10,726	\$3,640,108	\$339		
Greater Columbia	7,435	\$3,097,414	\$417	7,948	\$3,720,983	\$468		
Pierce	15,554	\$12,165,847	\$782	7,540	\$8,241,496	\$1,093		
North Sound	24,682	\$8,653,505	\$351	23,844	\$9,375,790	\$393		
King	46,829	\$19,133,652	\$409	47,846	\$15,651,048	\$327		
Statewide	129,360	\$57,360,930	\$443	123,118	\$49,736,873	\$404		



EXPENDITURES XII.A. Percent of Expenditures Spent on Direct Service Costs

A. Operational Definition: Percent of revenues spent on direct service costs for a Fiscal Year.

Rationale for Use Cost indicators can be used to understand trends in resource allocation, to demonstrate relative levels of effort and resource availability, and to assess the financial viability of agencies within the public mental health system and can be combined with other indicators to understand trends in system-level change across time.

Operational Measures: Direct service costs (direct service support expenditures + direct service expenditures) divided by total costs (direct service support expenditures + direct service expenditures + administrative expenditures).

Formula:

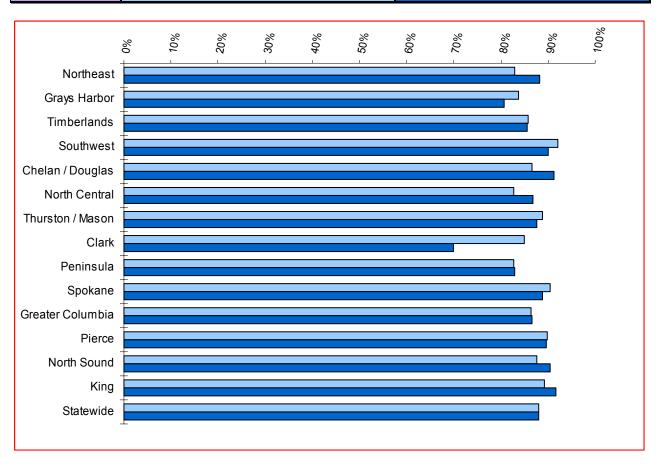
Direct service costs in the Fiscal Year

Total costs in the Fiscal Year

Discussion: Direct service costs include expenditures for outpatient and inpatient services, utilization management, quality assurance and public education about mental illness. The amount spent on direct service costs has increased. Overall, RSNs spend 88% of expenditures on direct service costs, but this varies from 81-92% by RSN in FY03.

- Changes to Revenue and Expenditure reporting in Fiscal Year 2001 improved comparability of data across RSNs.
- Dollar amounts are taken from RSN Revenue and Expenditure Reports. Amounts are calculated from all expenditures.

Percent of Expenditures Spent on Direct Service Cost								
Expenditures XII.A. Calc. 10								
		<u>FY02</u>			<u>FY03</u>			
RSN	Amount Spent on Direct Costs & Direct Service Support Costs	Total Expenditures	Expenditures Spent on Direct Service	Costs & Direct	Total Expenditures	Percent of Expenditures Spent on Direct Service Costs		
Northeast	\$4,242,478	\$5,110,849	83%	\$5,130,192	\$5,819,509	88%		
Grays Harbor	\$4,829,027	\$5,771,520	84%	\$4,816,888	\$5,973,970	81%		
Timberlands	\$5,026,746	\$5,865,216	86%	\$5,229,114	\$6,103,904	86%		
Southwest	\$5,227,146	\$5,677,691	92%	\$6,508,829	\$7,221,723	90%		
Chelan / Douglas	\$4,701,701	\$5,424,949	87%	\$7,164,699	\$7,844,262	91%		
North Central	\$8,466,003	\$10,243,537	83%	\$8,998,082	\$10,379,648	87%		
Thurston / Mason	\$9,541,041	\$10,735,041	89%	\$11,031,895	\$12,578,826	88%		
Clark	\$14,157,799	\$16,644,338	85%	\$15,368,191	\$21,960,296	70%		
Peninsula	\$15,789,533	\$19,076,800	83%	\$17,248,815	\$20,790,270	83%		
Spokane	\$24,934,345	\$27,575,395	90%	\$28,131,167	\$31,638,560	89%		
Greater Columbia	\$34,665,790	\$40,165,285	86%	\$38,734,216	\$44,706,960	87%		
Pierce	\$56,384,982	\$62,804,394	90%	\$49,599,795	\$55,302,593	90%		
North Sound	\$42,319,507	\$48,300,271	88%	\$46,660,139	\$51,580,885	90%		
King	\$98,357,723	\$110,235,630	89%	\$96,982,521	\$105,878,371	92%		
Statewide	\$328,643,821	\$373,630,916	88%	\$341,604,543	\$387,779,777	88%		



Notes:

Section 3:

Indicators for Fiscal Year 2003



OUTPATIENT ACCESS XIII. A. Outpatient Only Penetration Rates

A. Operational Definition: The proportion of people in the general population who received publicly funded non-crisis outpatient mental health services in the Fiscal Year by RSN.

Rationale for Use: Penetration rates on outpatient only services provide information on the number of people who received non-crisis mental health services relative to the general population. Non-crisis penetration rates also provide information on whether the system is responsive to different client populations (i.e., different age groups) and allows comparisons to other State mental health data to help understand access across State mental health systems.

Operational Measures: This is calculated by dividing the number of people who received non-crisis outpatient mental health services during the Fiscal Year by the number of people in the general population (census and estimated census).

Formula:

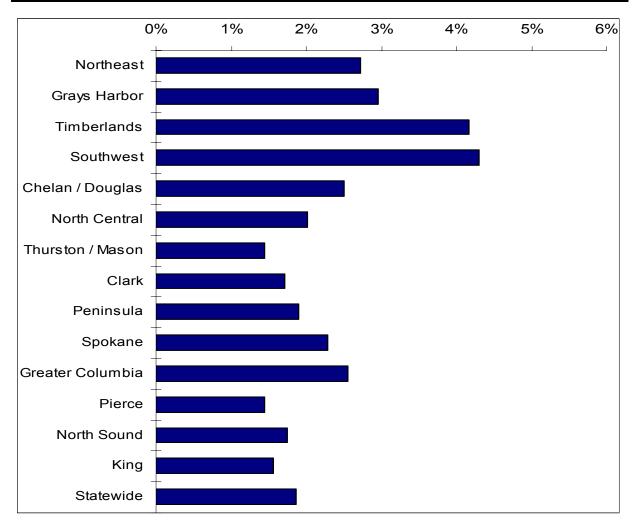
Number of people who received outpatient mental health services during the Fiscal Year

Number of people in the general population during the Fiscal Year

Discussion: The penetration rates by RSN and Statewide show the total non-crisis penetration rate of each RSN and the State.

- Crisis services are excluded in addition to crisis hotline calls, 24-hour services, and residential services (see Data Discussion pg. 13).
- The statewide count shows the number of unduplicated clients within the state (i.e. a person is counted only once in the state even if they received services at multiple RSNs).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., a person is counted once in <u>each</u> RSN where they receive services).
- Counts are of people, not admissions, episodes, or units of service.
- Population numbers for Fiscal Year 2003 are based on Washington State's Office of Financial Management (OFM) estimates from the 2000 Census.

Outpatient Only Penet	Outpatient Only Penetration Rates								
Outpatient Access XIII.A.			Calc. SAS 11/30/04						
RSN		FY03							
	Served	Population	Rate						
Northeast	1,888	69,242	2.7%						
Grays Harbor	1,982	67,194	2.9%						
Timberlands	3,890	93,408	4.2%						
Southwest	4,005	92,948	4.3%						
Chelan / Douglas	2,484	99,219	2.5%						
North Central	2,628	130,690	2.0%						
Thurston / Mason	3,727	256,760	1.5%						
Clark	5,933	345,238	1.7%						
Peninsula	6,125	322,447	1.9%						
Spokane	9,521	417,939	2.3%						
Greater Columbia	15,369	599,730	2.6%						
Pierce	10,124	700,820	1.4%						
North Sound	16,779	961,452	1.7%						
King	27,113	1,737,034	1.6%						
Statewide	109,734	5,894,121	1.9%						



OUTPATIENT ACCESS XIII. B. Outpatient Only Utilization Rates

B. Operational Definition: Average number of non-crisis outpatient service hours per consumer by RSN for a Fiscal Year.

Rationale for Use: The average number of non-crisis hours of outpatient services for each consumer per Fiscal Year provides information on the average amount of non-crisis services received. Combined with penetration rate, the utilization rate describes the intensity of mental health service delivery.

Operational Measure: This is calculated by dividing the total number of non-crisis outpatient hours by the total number of people receiving non-crisis outpatient services in a Fiscal Year.

Formulas:

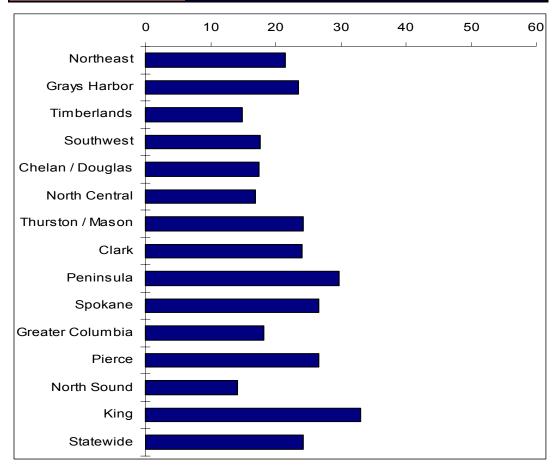
Number of non-crisis outpatient hours in a Fiscal Year by RSN

Number of people who received non-crisis outpatient mental health services in a Fiscal Year by RSN

Discussion: The table shows the total number of consumers in the RSN who received non-crisis outpatient services and the total number of hours of non-crisis outpatient services delivered. By dividing the two numbers, the average hours of outpatient services per client is calculated.

- Crisis services are excluded in addition to crisis hotline calls, 24-hour services, and residential services (see Data Discussion pg. 13).
- The State total is unduplicated clients across all RSNs (i.e., each person is only counted once in the State).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services).

Outpatient Only Uti	Outpatient Only Utilization Rates								
Access XIII.B.			Calc SAS 11/30/04						
RSN	<u>FY03</u>								
	Served	Total Hours	Avg. Hours						
Northeast	1,888	40,661	21.5						
Grays Harbor	1,982	46,632	23.5						
Timberlands	3,890	57,526	14.8						
Southwest	4,005	70,683	17.6						
Chelan / Douglas	2,484	43,163	17.4						
North Central	2,628	44,423	16.9						
Thurston / Mason	3,727	89,941	24.1						
Clark	5,933	142,998	24.1						
Peninsula	6,125	181,713	29.7						
Spokane	9,521	253,882	26.7						
Greater Columbia	15,369	279,131	18.2						
Pierce	10,124	269,990	26.7						
North Sound	16,779	237,644	14.2						
King	27,113	893,547	33.0						
Statewide	109,734	2,651,934	24.2						



OUTPATIENT ACCESS XIII. C. Outpatient Only Penetration Rates by Age

C. Operational Definition: The proportion of people in the general population who received publicly funded non-crisis outpatient mental health services by RSN by age group for a Fiscal Year.

Rationale for Use: Penetration rates on outpatient only services by age group provide information on the number of children, adults, and elders who received non-crisis mental health services relative to children, adults, and older adults in the general population, and allows comparison to other State mental health data to help understand access across the State mental health system.

Operational Measure: This is calculated by dividing the number of people in each age group who received non-crisis outpatient mental health services by the number of people in the general population in that same age group during the Fiscal Year.

Formula:

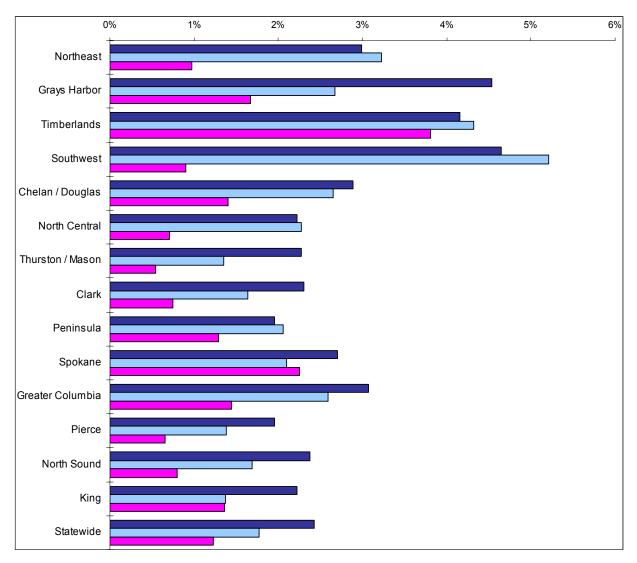
Number of people who received non-crisis outpatient mental health services during the Fiscal Year {0-17, 18-59, 60+}

Number of people in the general population during the Fiscal Year {0-17, 18-59, 60+}

Discussion: The penetration rates by RSN and Statewide show the penetration rate for non-crisis services by age group for each RSN and the State.

- Clark RSN has received additional funding to provide children's services.
- Age is calculated as of January 1 for each Fiscal Year.
- Age counts are unduplicated.
- Crisis services are excluded in addition to crisis hotline calls, 24-hour services, and residential services (see Data Discussion pg. 13).
- ▶ The State total is unduplicated clients across all RSNs (i.e., each person is only counted once in the Statewide total).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., a person is counted once in <u>each</u> RSN where they receive services).
- The statewide count shows the number of unduplicated clients within the state (i.e. a person is counted only once in the state even if they received services at multiple RSNs).
- Counts are of people, not admissions, episodes, or units of service.
- ▶ Population numbers for Fiscal Year 2003 are based on Washington State's Office of Financial Management (OFM) estimates from the 2000 Census.

Outpatient Only	Outpatient Only Penetration Rates by Age FY2003								
Outpatient Access	Outpatient Access XIII.C. Calc. SAS 11/30/04								
RSN	Youth (0-17 yrs)			<u>Adu</u>	lts (18-59	yrs)	<u>Olde</u>	r Adults (<u>60+)</u>
KON	Served	Population	Rate	Served	Population	Rate	Served	Population	Rate
Northeast	571	19,106	3.0%	1,184	36,728	3.2%	130	13,408	1.0%
Grays Harbor	782	17,251	4.5%	975	36,493	2.7%	225	13,450	1.7%
Timberlands	980	23,601	4.2%	2,108	48,759	4.3%	801	21,048	3.8%
Southwest	1,157	24,905	4.6%	2,698	51,765	5.2%	147	16,278	0.9%
Chelan / Douglas	814	28,238	2.9%	1,427	53,716	2.7%	243	17,266	1.4%
North Central	900	40,493	2.2%	1,577	69,238	2.3%	147	20,959	0.7%
Thurston / Mason	1,457	64,146	2.3%	2,042	150,573	1.4%	227	42,071	0.5%
Clark	2,282	98,985	2.3%	3,316	201,831	1.6%	331	44,422	0.7%
Peninsula	1,590	81,372	2.0%	3,790	183,899	2.1%	737	57,176	1.3%
Spokane	2,907	107,500	2.7%	5,109	243,787	2.1%	1,499	66,652	2.2%
Greater Columbia	5,309	172,625	3.1%	8,771	337,983	2.6%	1,287	89,122	1.4%
Pierce	3,734	190,569	2.0%	5,741	414,860	1.4%	629	95,391	0.7%
North Sound	6,041	254,406	2.4%	9,641	570,893	1.7%	1,088	136,153	0.8%
King	8,680	390,646	2.2%	15,148	1,106,531	1.4%	3,274	239,857	1.4%
Statewide	36,730	1,513,843	2.4%	62,238	3,507,056	1.8%	10,695	873,253	1.2%



OUTPATIENT ACCESS XIII. D. Outpatient Only Utilization Rates by Age

D. Operational Definition: Average number of non-crisis outpatient service hours per consumer by age group for a Fiscal Year.

Rationale for Use: This indicator provides information on the amount of non-crisis services received by children, adults, and older adults. Combined with penetration rate, the utilization rate describes the intensity of mental health service delivery. Examining this data by age provides an additional understanding of the difference in the amount of service delivered to children, adults, and older adults.

Operational Measure: This indicator is calculated by dividing the total number of non-crisis outpatient hours for each age group in a Fiscal Year by the total count of people in each age group receiving non-crisis outpatient services in a Fiscal Year.

Formulas:

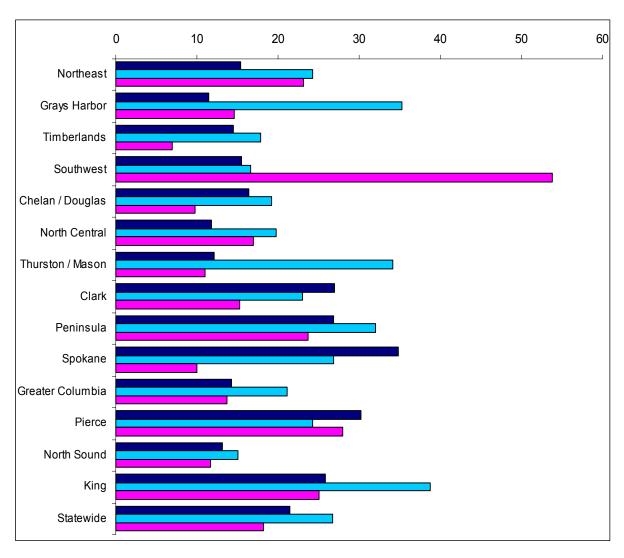
Number of non-crisis outpatient hours in Fiscal Year by age group {0-17, 18-59, 60+}

Number of people who received non-crisis mental health services in Fiscal Year by age group {0-17, 18-59, 60+}

Discussion: The table shows the amount of non-crisis mental health services received by different age groups.

- Clark RSN has received additional funding to provide children's services.
- Crisis services are excluded in addition to crisis hotline calls, 24-hour services, and residential services (see Data Discussion pg. 13).
- Age is calculated as of January 1st for each Fiscal Year.
- ▶ The State total is unduplicated clients across all RSNs.
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in <u>each</u> RSN in which they received services).

Outpatient Only	Outpatient Only Utilization Rates by Age FY2003									
Access XIII.D.								Calc. SAS	5 11/30/04	
RSN	Youth	ı (0-17 yı	<u>'s)</u>	Adults	s (18-59 y	rs)	Older Ac	dults (60	+ yrs)	
	Served	Hours	Rate	Served	Hours	Rate	Served	Hours	Rate	
Northeast	571	8,819	15.4	1,184	28,794	24.3	130	3,016	23.2	
Grays Harbor	782	8,993	11.5	975	34,352	35.2	225	3,287	14.6	
Timberlands	980	14,180	14.5	2,108	37,721	17.9	801	5,625	7.0	
Southwest	1,157	17,980	15.5	2,698	44,769	16.6	147	7,911	53.8	
Chelan / Douglas	814	13,347	16.4	1,427	27,440	19.2	243	2,377	9.8	
North Central	900	10,657	11.8	1,577	31,217	19.8	147	2,497	17.0	
Thurston / Mason	1,457	17,739	12.2	2,042	69,691	34.1	227	2,505	11.0	
Clark	2,282	61,551	27.0	3,316	76,346	23.0	331	5,053	15.3	
Peninsula	1,590	42,763	26.9	3,790	121,467	32.0	737	17,459	23.7	
Spokane	2,907	101,418	34.9	5,109	137,386	26.9	1,499	15,053	10.0	
Greater Columbia	5,309	76,053	14.3	8,771	185,416	21.1	1,287	17,658	13.7	
Pierce	3,734	112,781	30.2	5,741	139,470	24.3	629	17,606	28.0	
North Sound	6,041	79,560	13.2	9,641	145,301	15.1	1,088	12,716	11.7	
King	8,680	223,901	25.8	15,148	587,490	38.8	3,274	81,983	25.0	
Statewide	36,730	789,741	21.5	62,238	1,666,860	26.8	10,695	194,745	18.2	



OUTPATIENT ACCESS XIV. A. Outpatient Only Penetration Rates for Medicaid Population

A. Operational Measure: The proportion of people in the Medicaid population who received publicly funded non-crisis outpatient mental health services by RSN and Statewide for a Fiscal Year.

Rationale: Penetration rates for the Medicaid population provide information on the number of Medicaid enrollees who received one or more non-crisis mental health services relative to the State Medicaid population. Penetration rates also provide information on whether the system is responsive to the Medicaid population and allows comparison with other State mental health data to help understand access across the State mental health system.

Operational Measure: This is calculated by dividing the number of Medicaid enrollees who received non-crisis outpatient mental health services by the number of people in the Medicaid population during a Fiscal Year.

Formula:

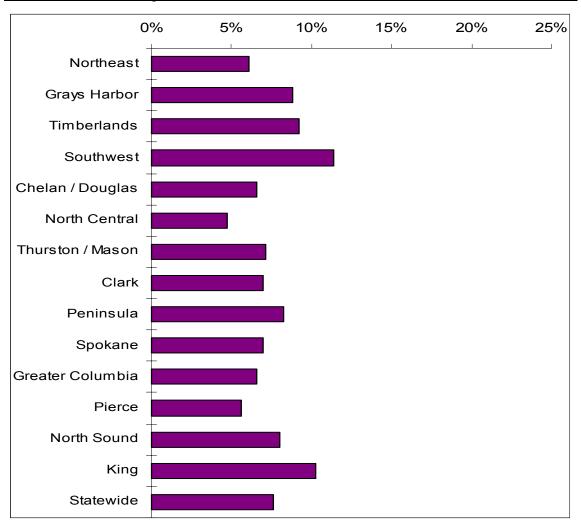
Number of Medicaid enrollees who received non-crisis outpatient mental health services during the Fiscal Year

Number of people in the Medicaid population in the Fiscal Year

Discussion: The penetration rates by RSN and Statewide show the Medicaid population of each RSN and the State compared to the Medicaid enrollees. In this measure, each Medicaid enrolled person is counted only once, even if he/she uses more than one noncrisis service.

- A client is considered to be in the Medicaid enrolled population for the entire Fiscal Year if they received any amount of Medicaid funded service during that Fiscal Year.
- Crisis services are excluded in addition to crisis hotline calls, 24-hour services, and residential services (see Data Discussion pg. 13).
- The State total is unduplicated clients across all RSNs (i.e., each person is only counted once in the Statewide total).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., a person is counted once in <u>each</u> RSN where they receive services).
- Counts are of people, not admissions, episodes, or units of service.

Outpatient Only	y Penetration	Rates for Me	Outpatient Only Penetration Rates for Medicaid Population							
Access XIV.A.			Calc. SAS 11/30/04							
RSN		FY03								
KSN	Served	Enrolled	Rate							
Northeast	1,149	18,858	6.1%							
Grays Harbor	1,541	17,535	8.8%							
Timberlands	1,996	21,697	9.2%							
Southwest	2,600	22,929	11.3%							
Chelan / Douglas	1,440	21,790	6.6%							
North Central	1,916	40,614	4.7%							
Thurston / Mason	3,113	43,730	7.1%							
Clark	4,629	66,549	7.0%							
Peninsula	4,091	49,392	8.3%							
Spokane	6,445	91,982	7.0%							
Greater Columbia	10,201	155,752	6.5%							
Pierce	7,172	128,314	5.6%							
North Sound	12,168	151,788	8.0%							
King	23,373	227,040	10.3%							
Statewide	80,647	1,057,970	7.6%							



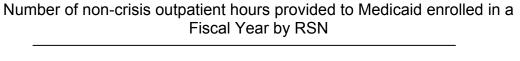
OUTPATIENT ACCESS XIV. B. Outpatient Only Utilization Rates for Medicaid Population

B. Operational Definition: Average number of non-crisis outpatient service hours per Medicaid enrolled consumer by RSN for a Fiscal Year.

Rationale for Use: The average number of hours of non-crisis outpatient services for each Medicaid enrolled consumer per Fiscal Year provides information on the average amount of non-crisis services received. Combined with penetration rate, the utilization rate describes the intensity of non-crisis mental health service delivery to Medicaid enrolled individuals.

Operational Measure: This is calculated by dividing the total number of non-crisis outpatient hours provided to Medicaid enrollees by the total number of Medicaid enrolled people receiving non-crisis outpatient services in a Fiscal Year.

Formulas:

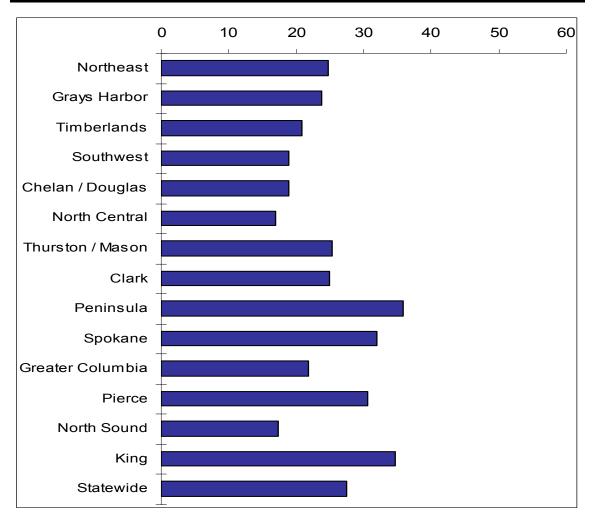


Number of Medicaid enrolled people who received non-crisis outpatient mental health services in a Fiscal Year by RSN

Discussion: The table shows the total number of Medicaid enrollees in the RSN who received non-crisis outpatient services and the total number of non-crisis hours of outpatient services delivered. By dividing the two numbers, the average hours of non-crisis outpatient services per client is calculated.

- Crisis services are excluded in addition to crisis hotline calls, 24-hour services, and residential services (see Data Discussion pg. 13).
- ▶ The State total is unduplicated clients across all RSNs (i.e., each person is only counted once in the State).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services).

Outpatient Only Ut	ilization Rates	s for Medicai	d Population
Access XIV.B.			Calc SAS 11/30/04
RSN	Served	<u>FY03</u> Total Hours	Avg. Hours
Northeast	1,149	28,412	24.7
Grays Harbor	1,541	36,646	23.8
Timberlands	1,996	41,669	20.9
Southwest	2,600	48,961	18.8
Chelan / Douglas	1,440	27,247	18.9
North Central	1,916	32,642	17.0
Thurston / Mason	3,113	78,926	25.4
Clark	4,629	115,052	24.9
Peninsula	4,091	146,264	35.8
Spokane	6,445	205,390	31.9
Greater Columbia	10,201	221,668	21.7
Pierce	7,172	219,275	30.6
North Sound	12,168	209,806	17.2
King	23,373	810,223	34.7
Statewide	80,647	2,222,180	27.6



OUTPATIENT ACCESS XIV. C. Outpatient Only Penetration Rates by Age for Medicaid Population

C. Operational Definition: The proportion of youth, adults, and older adults in the Medicaid population who received publicly funded non-crisis outpatient mental health services by RSN for a Fiscal Year

Rationale for Use: Penetration rates for the Medicaid population by age group provide information on the number of children, adults, and older adults who were Medicaid enrolled and received one or more non-crisis mental health services. This provides information on whether the system is responsive to various age groups within the Medicaid population and allows comparisons to other State mental health data to help understand access across the State mental health system.

Operational Measure: This is calculated by dividing the number of Medicaid enrollees in each age group who received non-crisis outpatient mental health services during the Fiscal Year by the number of people in the general Medicaid population in that same age group.

Formula:

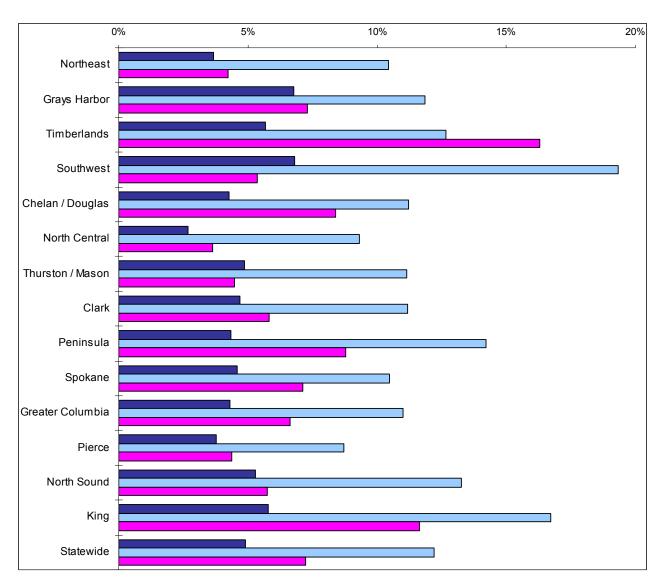
Number of Medicaid enrollees who received non-crisis outpatient mental health services during the Fiscal Year {0-17, 18-59, 60+}

Number of people in the Medicaid population during the Fiscal Year {0-17, 18-59, 60+}

Discussion: The table shows that overall Medicaid enrolled adults have a higher penetration rate than either youth or older adults. This is noticeable because more children receive Medicaid, yet fewer of them are receiving non-crisis mental health services through the RSNs.

- Clark RSN has received additional funding to provide children's services.
- Age is calculated as of January 1, for each Fiscal Year.
- A client is considered Medicaid enrolled for the entire Fiscal Year if they received any amount of Medicaid funded service during the Fiscal Year.
- Data source for counting number of people in the Medicaid population is MHD Ad Hoc system.
- Crisis services are excluded in addition to crisis hotline calls, 24-hour services, and residential services (see Data Discussion pg. 13).
- The State total is unduplicated clients across all RSNs (i.e., each person is only counted once in the Statewide total).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., a person is counted once in each RSN where they receive services).
- Counts are of people, not admissions, episodes, or units of service.

Outpatient Onl	Outpatient Only Penetration Rates by Age for Medicaid Population									
Access XIV.C.	Access XIV.C. Calc. SAS 11/30/04									
RSN	Yout	h (0-17 y	/rs)	Adult	s (18-59	yrs)	Older A	Older Adults (60+ yrs)		
KON	Served	Enrolled	Rate	Served	Enrolled	Rate	Served	Enrolled	Rate	
Northeast	416	11,384	3.7%	669	6,397	10.5%	64	1,513	4.2%	
Grays Harbor	688	10,168	6.8%	740	6,246	11.8%	113	1,546	7.3%	
Timberlands	720	12,665	5.7%	942	7,434	12.7%	334	2,048	16.3%	
Southwest	914	13,413	6.8%	1,592	8,231	19.3%	94	1,757	5.4%	
Chelan / Douglas	626	14,607	4.3%	684	6,100	11.2%	130	1,548	8.4%	
North Central	723	26,921	2.7%	1,092	11,737	9.3%	101	2,781	3.6%	
Thurston / Mason	1,287	26,499	4.9%	1,684	15,113	11.1%	141	3,151	4.5%	
Clark	1,975	42,023	4.7%	2,404	21,487	11.2%	249	4,287	5.8%	
Peninsula	1,246	28,831	4.3%	2,470	17,383	14.2%	374	4,257	8.8%	
Spokane	2,479	53,884	4.6%	3,457	32,972	10.5%	509	7,159	7.1%	
Greater Columbia	4,367	101,686	4.3%	5,142	46,734	11.0%	692	10,447	6.6%	
Pierce	2,901	76,949	3.8%	3,824	43,874	8.7%	444	10,126	4.4%	
North Sound	4,934	93,300	5.3%	6,516	49,171	13.3%	715	12,406	5.8%	
King	7,444	128,386	5.8%	12,858	76,984	16.7%	3,061	26,275	11.6%	
Statewide	31,451	640,716	4.9%	42,665	349,863	12.2%	6,512	89,967	7.2%	



OUTPATIENT ACCESS XIV. D. Outpatient Only Utilization Rates by Age for Medicaid Population

D. Operational Definition: Average number of non-crisis outpatient service hours per Medicaid enrolled by age group for a Fiscal Year.

Rationale for Use: This indicator provides information on the amount of non-crisis services received by Medicaid enrolled children, adults, and older adults. Combined with penetration rate, the utilization rate describes the intensity of non-crisis mental health services. Examining this data by age provides an additional understanding of the difference in the amount of service delivered to children, adults, and older adults.

Operational Measure: This indicator is calculated by dividing the total number of non-crisis outpatient hours for each Medicaid enrollee by age group in a Fiscal Year by the total count of Medicaid enrollees in each age group receiving non-crisis outpatient services in a Fiscal Year.

Formulas:

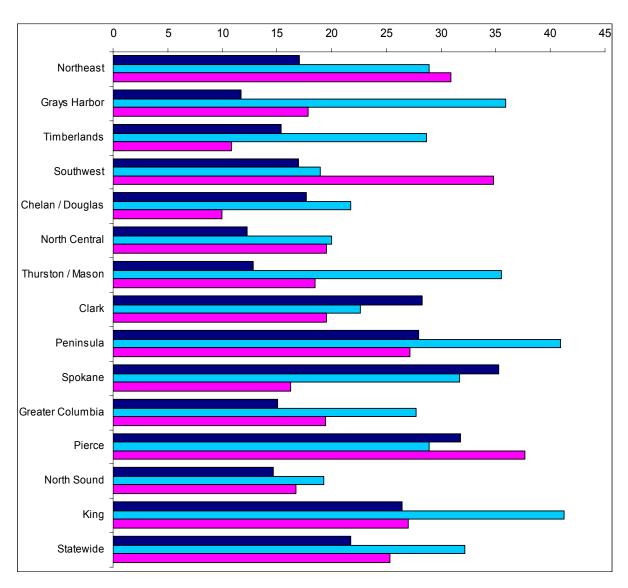
Number of non-crisis outpatient hours in Fiscal Year by age group {0-17, 18-59, 60+}

Number of Medicaid enrollees who received non-crisis mental health services in Fiscal Year by age group {0-17, 18-59, 60+}

Discussion: The table shows the amount of non-crisis mental health services received by different age groups of Medicaid enrollees.

- Clark RSN has received additional funding to provide children's services.
- Crisis services are excluded in addition to crisis hotline calls, 24-hour services, and residential services (see Data Discussion pg. 13).
- Age is calculated as of January 1st for each Fiscal Year.
- ▶ The State total is unduplicated clients across all RSNs.
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services).

Outpatient Only	Outpatient Only Utilization Rates by Age for Medicaid Only									
Access XIV.D. Calc. SAS 11/30/04										
RSN	Yout	th (0-17	yrs)	Adu	lts (1859	yrs)	Older A	dults (60)+ yrs)	
KON	Served	Hours	Rate	Served	Hours	Rate	Served	Hours	Rate	
Northeast	416	7,078	17.0	669	19,355	28.9	64	1,979	30.9	
Grays Harbor	688	8,075	11.7	740	26,560	35.9	113	2,012	17.8	
Timberlands	720	11,061	15.4	942	26,984	28.6	334	3,625	10.9	
Southwest	914	15,540	17.0	1,592	30,149	18.9	94	3,272	34.8	
Chelan / Douglas	626	11,062	17.7	684	14,887	21.8	130	1,299	10.0	
North Central	723	8,852	12.2	1,092	21,816	20.0	101	1,974	19.5	
Thurston / Mason	1,287	16,453	12.8	1,684	59,860	35.5	141	2,606	18.5	
Clark	1,975	55,802	28.3	2,404	54,368	22.6	249	4,850	19.5	
Peninsula	1,246	34,879	28.0	2,470	101,215	41.0	374	10,170	27.2	
Spokane	2,479	87,476	35.3	3,457	109,657	31.7	509	8,257	16.2	
Greater Columbia	4,367	65,778	15.1	5,142	142,454	27.7	692	13,436	19.4	
Pierce	2,901	92,102	31.7	3,824	110,430	28.9	444	16,735	37.7	
North Sound	4,934	72,182	14.6	6,516	125,623	19.3	715	11,963	16.7	
King	7,444	196,647	26.4	12,858	530,755	41.3	3,061	82,655	27.0	
Statewide	31,451	682,986	21.7	42,665	1,374,112	32.2	6,512	164,831	25.3	



CRISIS ACCESS XV. A. Crisis Only Penetration Rates

A. Operational Definition: The proportion of people in the general population who received crisis only publicly funded outpatient mental health services in the Fiscal Year by RSN.

Rationale for Use: Crisis only penetration rates provide information on the number of people who received only crisis mental health services relative to the general population. Crisis penetration rates also provide information on whether the crisis system is responsive to different client populations (i.e., different age groups) and allows comparisons to other State mental health data to help understand access across State mental health systems.

Operational Measures: This is calculated by dividing the number of people who received crisis only services during the Fiscal Year by the number of people in the general population (census and estimated census).

Formula:

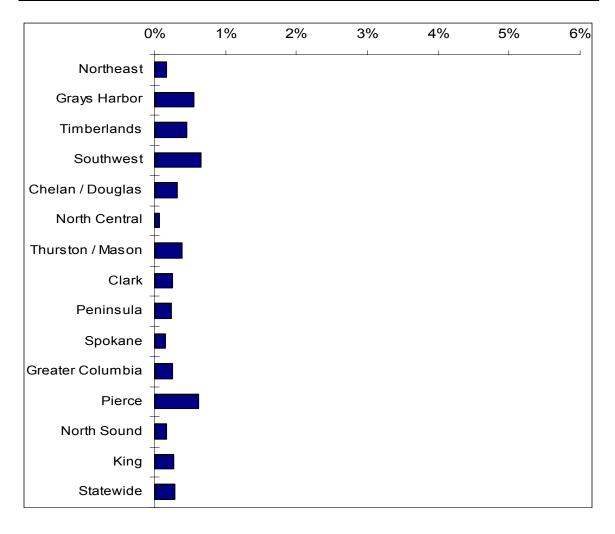
Number of people who received only crisis services during the Fiscal Year

Number of people in the general population during the Fiscal Year

Discussion: The crisis only penetration rates by RSN and Statewide show the total population of each RSN and the State and the crisis only penetration rate.

- Crisis services are defined as services reported by RSNs to the MHD using NASMHPD temporary codes 00009, 00011.
- The statewide count shows the number of unduplicated clients within the state (i.e. a person is counted only once in the state even if they received services at multiple RSNs).
- ▶ The RSN count shows the number of unduplicated clients within each RSN (i.e., a person is counted once in each RSN where they receive services).
- Counts are of people, not admissions, episodes, or units of service.
- Population numbers for Fiscal Year 2003 are based on Washington State's Office of Financial Management (OFM) estimates from the 2000 Census.
- King RSN has 24-hour crisis services included in their reporting of crisis services, which has inflated the number of service hours associated with crisis-only services. Inconsistencies in reporting crisis services will be addressed in the FY2004 report.

Crisis Only Penetr	Crisis Only Penetration Rates								
Crisis Access XV.A			Calc. SAS 11/30/04						
DON		<u>FY03</u>							
RSN	Served	Population	Rate						
Northeast	117	69,242	0.2%						
Grays Harbor	369	67,194	0.5%						
Timberlands	415	93,408	0.4%						
Southwest	608	92,948	0.7%						
Chelan / Douglas	308	99,219	0.3%						
North Central	87	130,690	0.1%						
Thurston / Mason	994	256,760	0.4%						
Clark	892	345,238	0.3%						
Peninsula	772	322,447	0.2%						
Spokane	665	417,939	0.2%						
Greater Columbia	1,482	599,730	0.2%						
Pierce	4,372	700,820	0.6%						
North Sound	1,625	961,452	0.2%						
King	4,555	1,737,034	0.3%						
Statewide	17,133	5,894,121	0.3%						



CRISIS ACCESS XV. B. Crisis Only Utilization Rates

B. Operational Definition: Average number of crisis only service hours per consumer by RSN for a Fiscal Year.

Rationale for Use: The average number of crisis only hours for each consumer per Fiscal Year provides information on the average amount of crisis only services received. Combined with penetration rate, the utilization rate describes the intensity of crisis only mental health service delivery.

Operational Measure: This is calculated by dividing the total number of crisis only hours by the total number of people receiving crisis only services in a Fiscal Year.

Formulas:

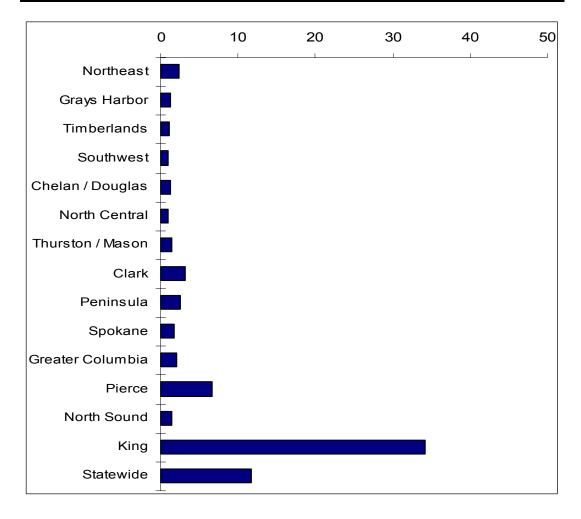
Number of crisis only hours in a Fiscal Year by RSN

Number of people who received crisis only mental health services in a Fiscal Year by RSN

Discussion: The table shows the total number of consumers in the RSN who received crisis only services and the total number of hours of crisis only services delivered. By dividing the two numbers, the average hours of crisis only services per client is calculated.

- Crisis services are defined as services reported by RSNs to the MHD using NASMHPD temporary codes 00009, 00011.
- The State total is unduplicated clients across all RSNs (i.e., each person is only counted once in the State).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services).
- ▶ King RSN has 24-hour crisis services included in their reporting of crisis services, which has inflated the number of service hours associated with crisis-only services. Inconsistencies in reporting crisis services will be addressed in the FY2004 report.

Crisis Only Utilization	Crisis Only Utilization Rates								
Crisis Access XV.B.			Calc SAS 11/30/04						
RSN	Served	<u>FY03</u> Total Hours	Avg. Hours						
Northeast	117	281	2.4						
Grays Harbor	369	456	1.2						
Timberlands	415	453	1.1						
Southwest	608	613	1.0						
Chelan / Douglas	308	371	1.2						
North Central	87	82	0.9						
Thurston / Mason	994	1,400	1.4						
Clark	892	2,827	3.2						
Peninsula	772	1,909	2.5						
Spokane	665	1,111	1.7						
Greater Columbia	1,482	3,142	2.1						
Pierce	4,372	28,833	6.6						
North Sound	1,625	2,228	1.4						
King	4,555	155,674	34.2						
Statewide	17,133	199,378	11.6						



CRISIS ACCESS XV. C. Crisis Only Penetration Rates by Age

C. Operational Definition: The proportion of people in the general population who received publicly funded crisis only mental health services by RSN by age group for a Fiscal Year.

Rationale for Use: Crisis only penetration rates by age group provide information on the number of children, adults, and elders who received crisis only services relative to children, adults, and older adults in the general population, and allows comparison to other State mental health data to help understand access across the State mental health system.

Operational Measure: This is calculated by dividing the number of people in each age group who received crisis only mental health services by the number of people in the general population in that same age group during the Fiscal Year.

Formula:

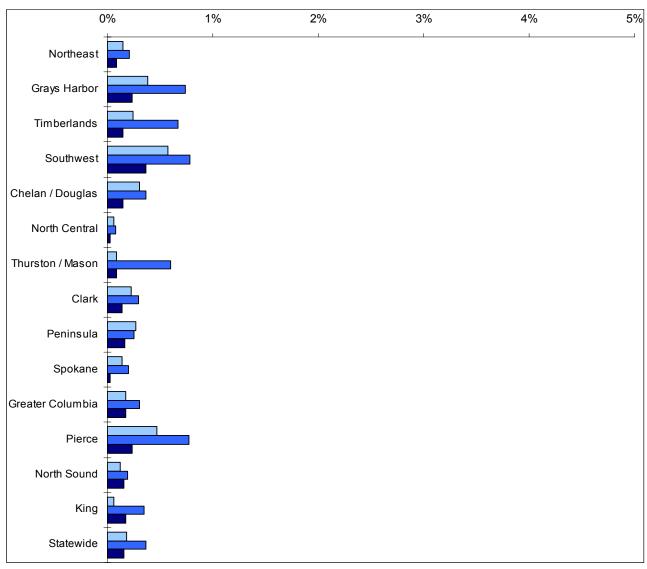
Number of people who received crisis only mental health services during the Fiscal Year {0-17, 18-59, 60+}

Number of people in the general population during the Fiscal Year {0-17, 18-59, 60+}

Discussion: The penetration rates by RSN and Statewide show the general population by age group for each RSN and the State.

- Crisis services are defined as services reported by RSNs to the MHD using NASMHPD temporary codes 00009, 00011.
- Clark RSN has received additional funding to provide children's services.
- Age is calculated as of January 1^{st,} for each Fiscal Year.
- Age counts are unduplicated.
- The State total is unduplicated clients across all RSNs (i.e., each person is only counted once in the Statewide total).
- ▶ The RSN count shows the number of unduplicated clients within each RSN (i.e., a person is counted once in <u>each</u> RSN where they receive services).
- The statewide count shows the number of unduplicated clients within the state (i.e. a person is counted only once in the state even if they received services at multiple RSNs).
- Counts are of people, not admissions, episodes, or units of service.
- Population numbers for Fiscal Year 2003 are based on Washington State's Office of Financial Management (OFM) estimates from the 2000 Census.
- ▶ King RSN has 24-hour crisis services included in their reporting of crisis services, which has inflated the number of service hours associated with crisis-only services. Inconsistencies in reporting crisis services will be addressed in the FY2004 report.

Crisis Only Per			,90						
Access XV.C. Calc. SAS 11/30/04									
RSN	<u> Υοι</u>	<u>ıth (0-17 y</u>	<u>rrs)</u>	<u>Adu</u>	<u>lts (18-59</u>	<u>yrs)</u>	Older /	Adults (60)+ <u>yrs)</u>
NON	Served	Population	Rate	Served	Population	Rate	Served	Population	Rate
Northeast	28	19,106	0.1%	76	36,728	0.2%	12	13,408	0.1%
Grays Harbor	66	17,251	0.4%	271	36,493	0.7%	32	13,450	0.2%
Timberlands	57	23,601	0.2%	326	48,759	0.7%	32	21,048	0.2%
Southwest	142	24,905	0.6%	405	51,765	0.8%	60	16,278	0.4%
Chelan / Douglas	86	28,238	0.3%	196	53,716	0.4%	26	17,266	0.2%
North Central	26	40,493	0.1%	56	69,238	0.1%	5	20,959	0.0%
Thurston / Mason	57	64,146	0.1%	900	150,573	0.6%	36	42,071	0.1%
Clark	226	98,985	0.2%	604	201,831	0.3%	62	44,422	0.1%
Peninsula	217	81,372	0.3%	463	183,899	0.3%	92	57,176	0.2%
Spokane	152	107,500	0.1%	497	243,787	0.2%	15	66,652	0.0%
Greater Columbia	297	172,625	0.2%	1,027	337,983	0.3%	157	89,122	0.2%
Pierce	888	190,569	0.5%	3,219	414,860	0.8%	225	95,391	0.2%
North Sound	306	254,406	0.1%	1,107	570,893	0.2%	211	136,153	0.2%
King	227	390,646	0.1%	3,853	1,106,531	0.3%	413	239,857	0.2%
Statewide	2,765	1,513,843	0.2%	12,893	3,507,056	0.4%	1,368	873,253	0.2%



CRISIS ACCESS XV. D. Crisis Only Utilization Rates by Age

D. Operational Definition: Average number of crisis only service hours per consumer by age group for a Fiscal Year.

Rationale for Use: This indicator provides information on the amount of crisis only services received by children, adults, and older adults. Combined with penetration rate, the utilization rate describes the intensity of crisis only mental health service delivery. Examining this data by age provides an additional understanding of the difference in the amount of crisis only service delivered to children, adults, and older adults.

Operational Measure: This indicator is calculated by dividing the total number of crisis only hours for each age group in a Fiscal Year by the total count of people in each age group receiving crisis only services in a Fiscal Year.

Formulas:

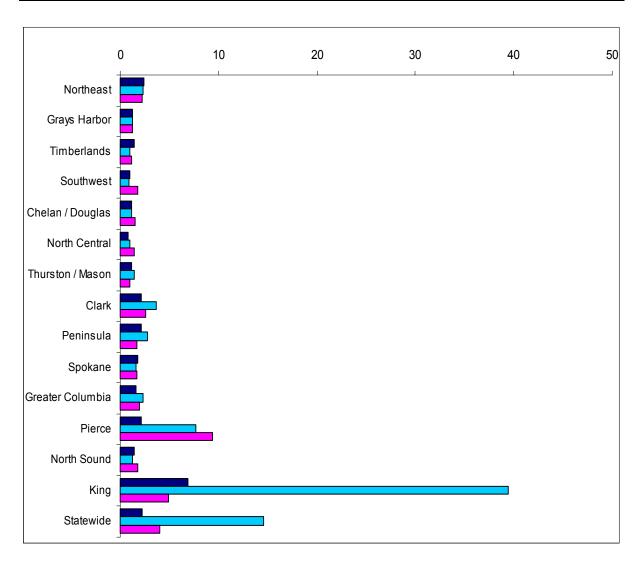
Number of crisis only hours in Fiscal Year by age group {0-17, 18-59, 60+}

Number of people who received crisis only mental health services in Fiscal Year by age group {0-17, 18-59, 60+}

Discussion: The table shows the amount of crisis only mental health services received by different age groups.

- Crisis services are defined as services reported by RSNs to the MHD using NASMHPD temporary codes 00009, 00011.
- Clark RSN has received additional funding to provide children's services.
- Age is calculated as of January 1st for each Fiscal Year.
- ▶ The State total is unduplicated clients across all RSNs.
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in <u>each</u> RSN in which they received services).
- King RSN has 24-hour crisis services included in their reporting of crisis services, which has inflated the number of service hours associated with crisis-only services. Inconsistencies in reporting crisis services will be addressed in the FY2004 report.

Crisis Only Utilization Rates by Age FY 2003									
Access XV.D. Calc. SAS 11/30/04									
RSN	Youth (0-17 yrs)			Adults (18-59 yrs)			Older Adults (60+ yrs)		
KON	Served	Hours	Rate	Served	Hours	Rate	Served	Hours	Rate
Northeast	28	68	2.4	76	178	2.3	12	27	2.3
Grays Harbor	66	83	1.3	271	333	1.2	32	39	1.2
Timberlands	57	80	1.4	326	334	1.0	32	38	1.2
Southwest	142	136	1.0	405	362	0.9	60	110	1.8
Chelan / Douglas	86	103	1.2	196	228	1.2	26	40	1.5
North Central	26	21	0.8	56	53	0.9	5	7	1.4
Thurston / Mason	57	68	1.2	900	1,294	1.4	36	37	1.0
Clark	226	476	2.1	604	2,191	3.6	62	160	2.6
Peninsula	217	462	2.1	463	1,290	2.8	92	156	1.7
Spokane	152	271	1.8	497	814	1.6	15	26	1.7
Greater Columbia	297	471	1.6	1,027	2,360	2.3	157	310	2.0
Pierce	888	1,882	2.1	3,219	24,786	7.7	225	2,116	9.4
North Sound	306	429	1.4	1,107	1,428	1.3	211	371	1.8
King	227	1,569	6.9	3,853	152,014	39.5	413	2,019	4.9
Statewide	2,765	6,121	2.2	12,893	187,666	14.6	1,368	5,456	4.0



CRISIS ACCESS XVI. A. Crisis Only Penetration Rates for Medicaid Population

A. Operational Measure: The proportion of people in the Medicaid population who received publicly funded crisis only mental health services by RSN and Statewide for a Fiscal Year.

Rationale: Penetration rates for the Medicaid population provide information on the number of Medicaid enrollees who received one or more crisis only services relative to the State Medicaid population. Penetration rates also provide information on whether the crisis system is responsive to the Medicaid population and allows comparison with other State mental health data to help understand access across the State mental health system.

Operational Measure: This is calculated by dividing the number of Medicaid enrollees who received crisis only mental health services by the number of people in the Medicaid population during a Fiscal Year.

Formula:

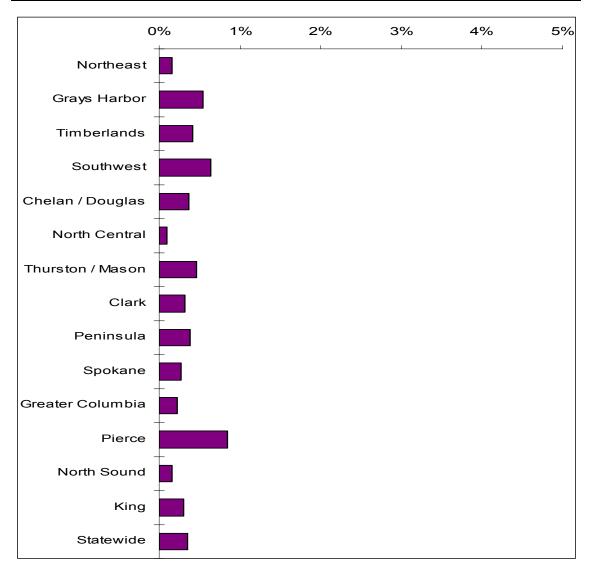
Number of Medicaid enrollees who received crisis only mental health services during the Fiscal Year

Number of people in the Medicaid population in the Fiscal Year

Discussion: The penetration rates by RSN and Statewide show the Medicaid population of each RSN and the State compared to the Medicaid enrollees. In this measure, each Medicaid enrolled person is counted only once, even if he/she uses more than one crisis only service.

- Crisis services are defined as services reported by RSNs to the MHD using NASMHPD temporary codes 00009, 00011.
- A client is considered to be in the Medicaid enrolled population for the entire Fiscal Year if they received any amount of Medicaid funded service during that Fiscal Year.
- The State total is unduplicated clients across all RSNs (i.e., each person is only counted once in the Statewide total).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., a person is counted once in <u>each</u> RSN where they receive services).
- Counts are of people, not admissions, episodes, or units of service.
- King RSN has 24-hour crisis services included in their reporting of crisis services, which has inflated the number of service hours associated with crisis-only services. Inconsistencies in reporting crisis services will be addressed in the FY2004 report.

Crisis Only Penetration Rates for Medicaid Population								
Crisis Access XVI.A. Calc. SAS 11/30/								
DOM	FY03							
RSN	Served	Enrolled	Rate					
Northeast	29	18,858	0.2%					
Grays Harbor	96	17,535	0.5%					
Timberlands	90	21,697	0.4%					
Southwest	145	22,929	0.6%					
Chelan / Douglas	80	21,790	0.4%					
North Central	40	40,614	0.1%					
Thurston / Mason	205	43,730	0.5%					
Clark	210	66,549	0.3%					
Peninsula	190	49,392	0.4%					
Spokane	244	91,982	0.3%					
Greater Columbia	356	155,752	0.2%					
Pierce	1,082	128,314	0.8%					
North Sound	236	151,788	0.2%					
King	682	227,040	0.3%					
Statewide	3,656	1,057,970	0.3%					



CRISIS ACCESS XVI. B. Crisis Only Utilization Rates for Medicaid Population

B. Operational Definition: Average number of crisis only service hours per consumer by RSN for a Fiscal Year.

Rationale for Use: The average number of hours of crisis only services for each consumer per Fiscal Year provides information on the average amount of crisis only services received. Combined with penetration rate, the utilization rate describes the intensity of crisis only mental health service delivery.

Operational Measure: This is calculated by dividing the total number of crisis only hours by the total number of people receiving crisis only services in a Fiscal Year.

Formulas:

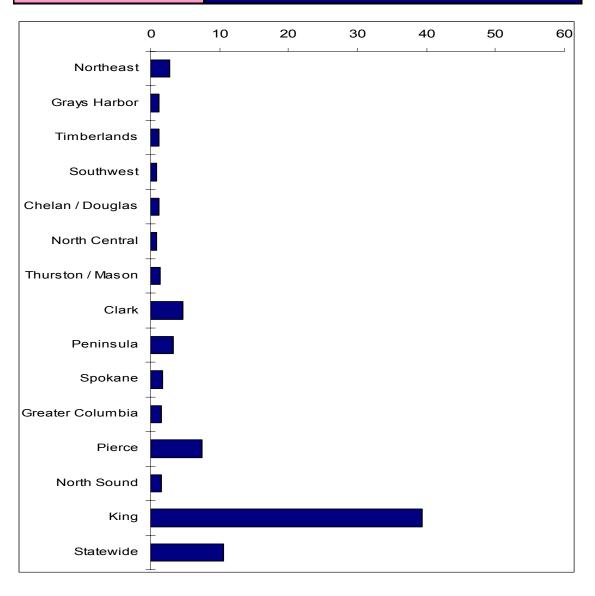
Number of crisis only hours in a Fiscal Year by RSN

Number of people who received crisis only mental health services in a Fiscal Year by RSN

Discussion: The table shows the total number of consumers in the RSN who received crisis only services and the total number of hours of crisis only services delivered. By dividing the two numbers, the average hours of crisis only services per client is calculated.

- Crisis services are defined as services reported by RSNs to the MHD using NASMHPD temporary codes 00009, 00011.
- ▶ The State total is unduplicated clients across all RSNs (i.e., each person is only counted once in the State).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services).
- ▶ King RSN has 24-hour crisis services included in their reporting of crisis services, which has inflated the number of service hours associated with crisis-only services. Inconsistencies in reporting crisis services will be addressed in the FY2004 report.

Crisis Only Utilization Rates for Medicaid Population								
Access XVI.B. Calc SAS 11/30								
RSN	<u>FY03</u>							
	Served	Total Hours	Avg. Hours					
Northeast	29	80	2.7					
Grays Harbor	96	118	1.2					
Timberlands	90	109	1.2					
Southwest	145	128	0.9					
Chelan / Douglas	80	99	1.2					
North Central	40	36	0.9					
Thurston / Mason	205	277	1.4					
Clark	210	966	4.6					
Peninsula	190	641	3.4					
Spokane	244	414	1.7					
Greater Columbia	356	548	1.5					
Pierce	1,082	7,984	7.4					
North Sound	236	353	1.5					
King	682	26,897	39.4					
Statewide	3,656	38,650	10.6					



CRISIS ACCESS XVI. C. Crisis Only Penetration Rates by Age for Medicaid Population

C. Operational Definition: The proportion of youth, adults, and older adults in the Medicaid population who received publicly funded crisis only mental health services by RSN for a Fiscal Year

Rationale for Use: Penetration rates for the Medicaid population by age group provide information on the number of children, adults, and older adults who were Medicaid enrolled and received one or more crisis only services. This provides information on whether the crisis system is responsive to various age groups within the Medicaid population and allows comparisons to other State mental health data to help understand access across the State mental health system.

Operational Measure: This is calculated by dividing the number of Medicaid enrollees in each age group who received crisis only mental health services during the Fiscal Year by the number of people in the general Medicaid population in that same age group.

Formula:

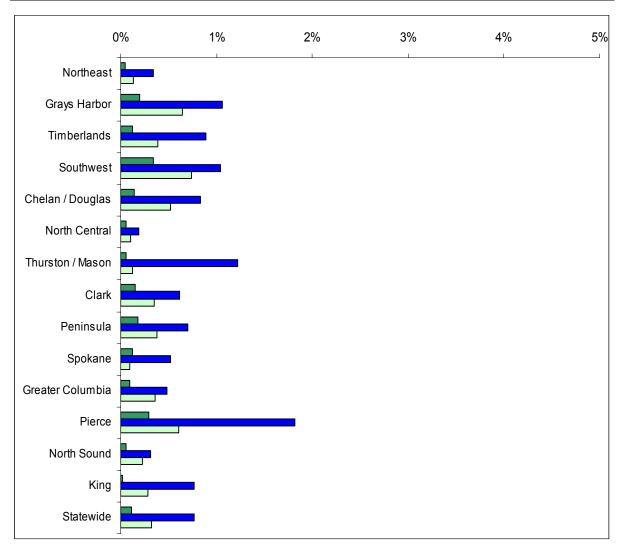
Number of Medicaid enrollees who received crisis only mental health services during the Fiscal Year {0-17, 18-59, 60+}

Number of people in the Medicaid population during the Fiscal Year {0-17, 18-59, 60+}

Discussion:

- Crisis services are defined as services reported by RSNs to the MHD using NASMHPD temporary codes 00009, 00011.
- Clark RSN has received additional funding to provide children's services.
- Age is calculated as of January 1, for each Fiscal Year.
- A client is considered Medicaid enrolled for the entire Fiscal Year if they received any amount of Medicaid funded service during the Fiscal Year.
- ▶ The State total is unduplicated clients across all RSNs (i.e., each person is only counted once in the Statewide total).
- The RSN count shows the number of unduplicated clients within each RSN (i.e., a person is counted once in <u>each</u> RSN where they receive services).
- Counts are of people, not admissions, episodes, or units of service.
- King RSN has 24-hour crisis services included in their reporting of crisis services, which has inflated the number of service hours associated with crisis-only services. Inconsistencies in reporting crisis services will be addressed in the FY2004 report.

Crisis Only Penetration Rates by Age for Medicaid Population									
Crisis Access XVI.C. Calc. SAS 11/30/04									
RSN	Youth (0-17 yrs)			Adults (18-59yrs)			Older Adults (60+ yrs)		
KON	Served	Enrolled	Rate	Served	Enrolled	Rate	Served	Enrolled	Rate
Northeast	5	11,384	0.0%	22	6,397	0.3%	2	1,513	0.1%
Grays Harbor	20	10,168	0.2%	66	6,246	1.1%	10	1,546	0.6%
Timberlands	16	12,665	0.1%	66	7,434	0.9%	8	2,048	0.4%
Southwest	46	13,413	0.3%	86	8,231	1.0%	13	1,757	0.7%
Chelan / Douglas	21	14,607	0.1%	51	6,100	0.8%	8	1,548	0.5%
North Central	15	26,921	0.1%	22	11,737	0.2%	3	2,781	0.1%
Thurston / Mason	16	26,499	0.1%	185	15,113	1.2%	4	3,151	0.1%
Clark	62	42,023	0.1%	133	21,487	0.6%	15	4,287	0.3%
Peninsula	53	28,831	0.2%	121	17,383	0.7%	16	4,257	0.4%
Spokane	64	53,884	0.1%	173	32,972	0.5%	7	7,159	0.1%
Greater Columbia	92	101,686	0.1%	226	46,734	0.5%	38	10,447	0.4%
Pierce	223	76,949	0.3%	798	43,874	1.8%	61	10,126	0.6%
North Sound	53	93,300	0.1%	155	49,171	0.3%	28	12,406	0.2%
King	19	128,386	0.0%	588	76,984	0.8%	75	26,275	0.3%
Statewide	702	640,716	0.1%	2,668	349,863	0.8%	286	89,301	0.3%



CRISIS ACCESS XVI. D. Crisis Only Utilization Rates by Age for Medicaid Population

D. Operational Definition: Average number of crisis only service hours per Medicaid enrollee by age group for a Fiscal Year.

Rationale for Use: This indicator provides information on the amount of crisis only services received by Medicaid enrolled children, adults, and older adults. Combined with penetration rate, the utilization rate describes the intensity of crisis only service delivery. Examining this data by age provides an additional understanding of the difference in the amount of service delivered to children, adults, and older adults.

Operational Measure: This indicator is calculated by dividing the total number of crisis only hours for Medicaid enrollees in each age group in a Fiscal Year by the total count of Medicaid enrollees in each age group receiving crisis only services in a Fiscal Year.

Formulas:

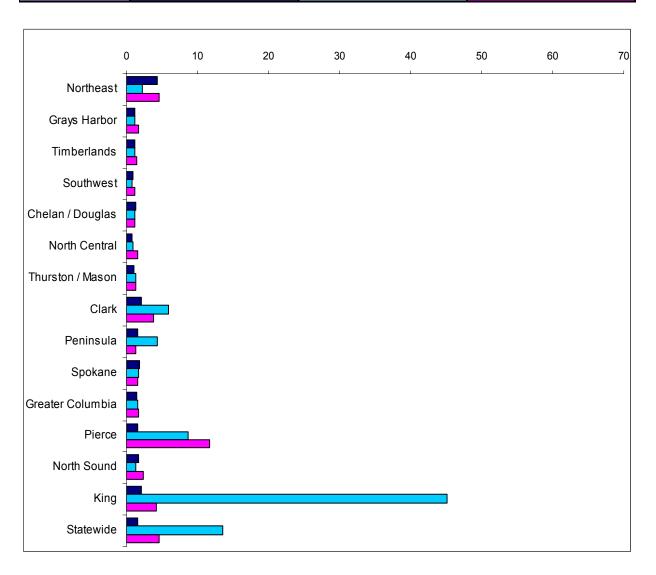
Number of crisis only hours for Medicaid enrollees in Fiscal Year by age group {0-17, 18-59, 60+}

Number of Medicaid enrollees who received crisis only mental health services in Fiscal Year by age group {0-17, 18-59, 60+}

Discussion: The table shows the amount of crisis only mental health services received by different age groups.

- Crisis services are defined as services reported by RSNs to the MHD using NASMHPD temporary codes 00009, 00011.
- Clark RSN has received additional funding to provide children's services.
- Age is calculated as of January 1st for each Fiscal Year.
- The State total is unduplicated clients across all RSNs.
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in <u>each</u> RSN in which they received services).
- ▶ King RSN has 24-hour crisis services included in their reporting of crisis services, which has inflated the number of service hours associated with crisis-only services. Inconsistencies in reporting crisis services will be addressed in the FY2004 report.

Crisis Only Utilization Rates by Age for Medicaid Population									
Access Crisis Access XVI.D. Calc. SAS 11/30/04									
RSN	Youth (0-17 yrs)			Adults (18-59 yrs)			Older Adults (60+ yrs)		
NON	Served	Hours	Rate	Served	Hours	Rate	Served	Hours	Rate
Northeast	5	22	4.4	22	48	2.2	2	9	4.7
Grays Harbor	20	23	1.2	66	78	1.2	10	17	1.7
Timberlands	16	18	1.1	66	79	1.2	8	12	1.5
Southwest	46	40	0.9	86	73	0.8	13	15	1.2
Chelan / Douglas	21	27	1.3	51	63	1.2	8	10	1.2
North Central	15	12	0.8	22	19	0.9	3	5	1.6
Thurston / Mason	16	17	1.1	185	254	1.4	4	6	1.4
Clark	62	130	2.1	133	779	5.9	15	57	3.8
Peninsula	53	85	1.6	121	533	4.4	16	22	1.4
Spokane	64	117	1.8	173	286	1.7	7	11	1.6
Greater Columbia	92	135	1.5	226	348	1.5	38	65	1.7
Pierce	223	359	1.6	798	6,922	8.7	61	713	11.7
North Sound	53	90	1.7	155	198	1.3	28	65	2.3
King	19	39	2.1	588	26,541	45.1	75	317	4.2
Statewide	702	1,116	1.6	2,668	36,220	13.6	286	1,323	4.6



OUTPATIENT QUALITY XVII. A. Outpatient Clients who Received Services 7 & 30 Days Post Discharge

A. Operational Definition: Percentage of clients who received non-crisis outpatient services within 7 and 30 days after being discharged from the state hospital, community hospital, or evaluation and treatment center.

Rationale for Use: Providing continuity of care is a major value held by the Mental Health Division. Providing clients with timely access to outpatient services following hospitalization is essential for establishing and maintaining clients in the community without repeat hospitalizations.

Operational Measures: The number of clients who were discharged from a State Hospital, Community Hospital, or Evaluation and Treatment center in the Fiscal Year and who received non-crisis outpatient services within 7 and 30 days divided by the number of clients discharged from state or community hospital and E&Ts in the fiscal year.

Formulas:

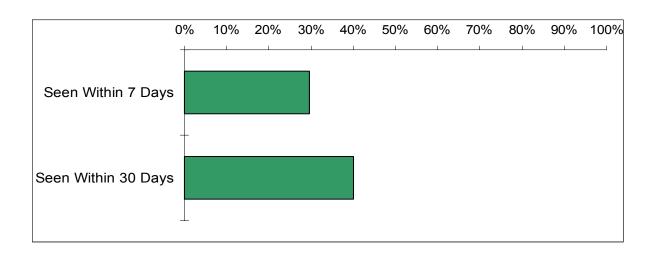
Number of people who were discharged from State or Community Hospitals, or Evaluation and Treatment Centers and who were seen in non-crisis outpatient services in a Fiscal Year {7 days following discharge; 30 days following discharge}

Number of people discharged from State or Community Hospitals, and Evaluation and Treatment Centers in the Fiscal Year

Discussion: All people discharged from State or Community Hospitals, and Evaluation and Treatment Centers are not eligible or appropriate for outpatient mental health services. Some people upon discharge go into the VA system, prisons/jails, nursing homes or move outside the state.

- Crisis services are excluded in addition to crisis hotline calls, 24-hour services, and residential services (see Data Discussion pg. 13).
- If a person has less than 7 days between a hospital discharge and admission this is considered one episode. For the purposes of this indicator, a person is only considered discharged at the end of the episode.
- ▶ To be included in the numerator the person had to be discharged (as defined above) in the Fiscal Year, but the outpatient services can occur beyond the Fiscal Year (i.e. a person was discharged on 6/2001, but didn't receive outpatient services until 7/2001 this person would be included in the numerator).
- ▶ To be included in the denominator the person had to be discharged (as defined above) from one of the hospital settings within the Fiscal Year.

Outpatient Clients who Received Services 7 & 30 Days Post Discharge Outpatient Quality XVII.A. Calc. SAS 4/2004								
Outpatient Status	# Seen	FY03 # Discharged	% Seen					
Seen Within 7 Days	1,676	5,647	29.7%					
Seen Within 30 Days	2,265	5,647	40.1%					



CRISIS QUALITY XVIII. A. Crisis Only Clients who Received Services 7 & 30 Days Post Discharge

A. Operational Definition: Percentage of clients who received crisis only services within 7 and 30 days after being discharged from the state hospital, community hospital, or evaluation and treatment center.

Rationale for Use: Providing continuity of care is a major value held by the Mental Health Division. Providing clients with timely access to outpatient services following hospitalization is essential for establishing and maintaining clients in the community without repeat hospitalizations.

Operational Measures: The number of clients who were discharged from a State Hospital, Community Hospital, or Evaluation and Treatment center in the Fiscal Year and who received crisis only services within 7 and 30 days divided by the number of clients discharged from state or community hospital and E&Ts in the fiscal year.

Formulas:

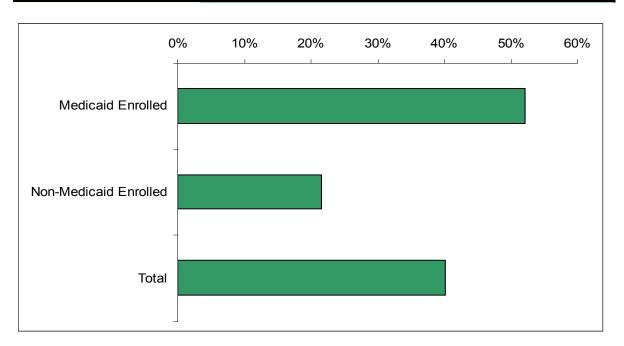
Number of people who were discharged from State or Community Hospitals, or Evaluation and Treatment Centers and who were seen in crisis only services in a Fiscal Year {7 days following discharge; 30 days following discharge}

Number of people discharged from State or Community Hospitals, and Evaluation and Treatment Centers in the Fiscal Year

Discussion: All people discharged from State or Community Hospitals, and Evaluation and Treatment Centers are not eligible or appropriate for outpatient mental health services. Some people upon discharge go into the VA system, prisons/jails, nursing homes or move outside the state.

- Crisis services are excluded in addition to crisis hotline calls, 24-hour services, and residential services (see Data Discussion pg. 13).
- If a person has less than 7 days between a hospital discharge and admission this is considered one episode. For the purposes of this indicator, a person is only considered discharged at the end of the episode.
- To be included in the numerator the person had to be discharged (as defined above) in the Fiscal Year, but the outpatient services can occur beyond the Fiscal Year (i.e. a person who was discharged on 6/2001, but didn't receive outpatient services until 7/2001 —would be included in the numerator).
- To be included in the denominator the person had to be discharged (as defined above) from one of the hospital settings within the Fiscal Year.

Crisis Only Clients who Received Service 30 Days Post Discharge by Medicaid Status				
Crisis Quality XVIII.A. Medicaid Status	FY03			
	# Seen	# Discharged	% Seen	
Medicaid Enrolled	1,789	3,436	52.1%	
Non-Medicaid Enrolled	476	2,211	21.5%	
Total	2,265	5,647	40.1%	



OUTPATIENT OUTCOME XIX. A. Outpatient Employment Change Over Time

A. Operational Definition: Percentage of adult non-crisis outpatient service recipients (18 – 64 Years) whose employment status changed during the fiscal year.

Rationale for Use: Employment and productive activity is an important component of role functioning for adults. This measure is influenced by multiple factors, many beyond the scope of the mental health system. Monitoring this indicator for populations with mental illness, however, is critical. Many people with serious mental illness want to obtain and maintain competitive employment. Job skills, training, job coaching, and supported employment have been found to be successful in helping individuals reach their employment goals, and promoting recovery.

Operational Measures: The percentage of adult (18 –64 years) non-crisis outpatient service recipients who had two or more employment status' in a fiscal year in each employment change category.

Formula:

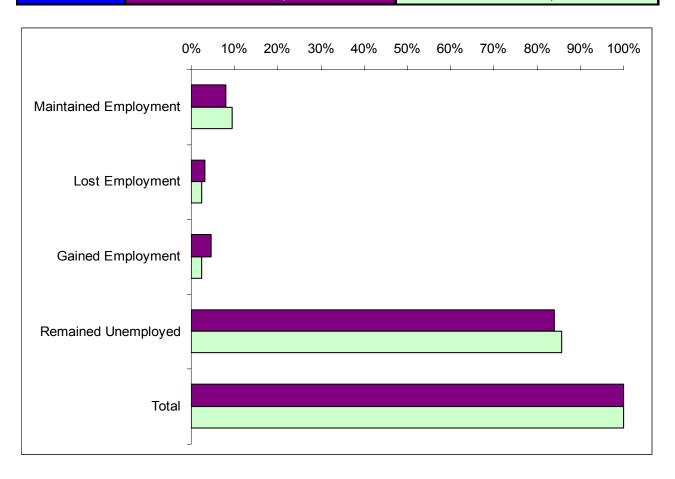
of Adult non-crisis outpatient service recipients with 2 or more employment statuses in a Fiscal Year

Number of adult long term non-crisis, outpatient service recipients in the Fiscal Year

Discussion: For this indicator only looking at clients who had been in services 3 or more years, and who had at least 2 employment statuses, are included.

- ▶ The National Association of State Mental Health Program Directors (NASMHPD) reports this indicator for adults from 18-64 years of age, because this is the standard employment age and the recommendation.
- Crisis services are excluded in addition to crisis hotline calls, 24-hour services, and residential services (see Data Discussion pg. 13).
- Age is calculated as of January 1st for each Fiscal Year.
- Prior to January 2002, employment was defined using the Employment data element in the January 2000 Data Dictionary. Employment status was reported every 90 days or as part of the monthly case status. For Fiscal Year 2000 and Fiscal Year 2001, a person was considered employed if they were reported in the category paid employment (1) at any point in time in the Fiscal Year. For Fiscal Year 2002, a person was considered employed if they were reported in the following categories: (1) employment full-time, (3) employment part time, (4) supported employment, and (5) employment sheltered workshops
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services).

Outpatient Employment Change Over Time (18-64 yrs)								
Outcome XIX.A.	Outcome XIX A. Calc. 11/30/04 SAS							
		FY02			FY03			
Employment								
Change	# of Long- Term Clients in Each Group	Total Number of Long-Term Clients	% of Total Long-Term Clients	# of Long-Term Clients in Each Group		% of Total Long-Term Clients		
Maintained Employment	1,931	23,839	8.1%	2,366	25,006	9.5%		
Lost Employment	757	23,839	3.2%	620	25,006	2.5%		
Gained Employment	1,115	23,839	4.7%	593	25,006	2.4%		
Remained Unemployed	20,036	23,839	84.0%	21,427	25,006	85.7%		
Total	23,839	23,839	100.0%	25,006	25,006	100.0%		



OUTPATIENT OUTCOME XX. A. Outpatient Change in Homeless Status - Adults

A. Operational Definition: Percentage of adult outpatient service recipients who had homeless status at any time in the Fiscal Year.

Rationale for Use: Assisting service recipients in finding and maintaining appropriate housing is a major value of the mental health system. Although homelessness is influenced by a number of factors, many of which reside outside the mental health system, it is an important negative outcome for service recipients. Homelessness can create barriers to receiving services and impact a person's safety and well being. The implications of homelessness can vary according to a person's age (e.g., children who are homeless may have their education disrupted) and addressing homelessness among different age groups requires different interventions.

Operational Measures: The number of adult (18 years or older) outpatient service recipients who had a change in homeless status at some point in the Fiscal Year by RSN divided by the total number of adult (18 years or older) outpatient service recipients in the same RSN in the Fiscal Year.

Formula:

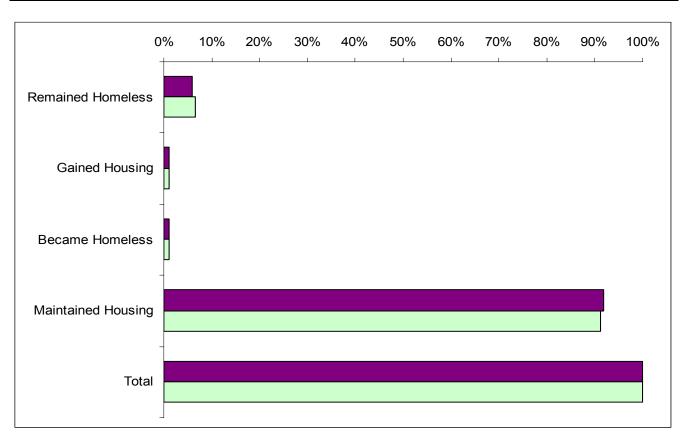
Number of adult outpatient service recipients who had a change in homeless status. at any time in the Fiscal Year by RSN

Number of adult outpatient service recipients in the Fiscal Year by RSN

Discussion: This indicator shows the percentage of adult service who had a change in homeless status at some point in the Fiscal Year.

- In Fiscal Year 2002 PATH grants existed in Clark, Greater Columbia, King, Pierce, Snohomish County, Spokane, Thurston/Mason, and Timberlands.
- Age is calculated as of January 1, for each Fiscal Year.
- Adults are defined as 18 and above.
- Crisis services are excluded in addition to crisis hotline calls, 24-hour services, and residential services (see Data Discussion pg. 13).
- Prior to January 2002, homeless is defined by the Residential Arrangement Code found in the January 2000 Data Dictionary. If a person is listed with a code 330 (homeless) at any point in time during the Fiscal Year they are considered homeless for the purposes of this indicator.
- After January 1, 2002, homeless is defined by the Living Situation Element found in the January 2002 Data Dictionary. If a person is listed with a code of 70 (homeless) at any point in time during the Fiscal Year they are considered homeless for the purposes of this indicator.

Outpatient Ch	Outpatient Change in Homeless Status - Adults (18-64)						
Outcome XX.A.					Calc.	1/03/04 SAS	
		FY02			FY03		
Homeless Status Change	# of Homeless Clients in Each Group	Total Number of Clients with Two or More Living Situations Reported	% of Total with Two or More Living Situation Statuses Reported	# of Homeless Clients in Each Group	Total Number of Clients with Two or More Living Situations Reported	% of Total with Two or More Living Situation Statuses Reported	
Remained Homeless	1,025	17,299	5.9%	1,127	17,096	6.6%	
Gained Housing	200	17,299	1.2%		17,096	1.1%	
Became Homeless	185	17,299	1.1%	204	17,096	1.2%	
Maintained Housing	15,889	17,299	91.8%	15,585	17,096	91.2%	
Total	17,299	17,299	100.0%	17,096	17,096	100.0%	



OUTPATIENT OUTCOME XX. B. Outpatient Change Homeless Status - Children

B. Operational Definition: Percentage of children/youth (0-17 yrs) outpatient service recipients whose primary residence was listed as homeless in the Fiscal Year by RSN and Statewide.

Rationale for Use: Homelessness is an extremely negative outcome for youth with mental health problems. Finding and maintaining appropriate housing is a major goal of the mental health system. Although housing is influenced by a number of factors, many of which reside outside the mental health system, maintaining children and youth (0-17 years) and their families in homes is an important service goal.

Operational Measures: The number of children/youth (0-17 years) outpatient service recipients who had a change in homeless status at some point in time in the Fiscal Year divided by the total number of children or youth outpatient service recipients in the same Fiscal Year.

Formulas:

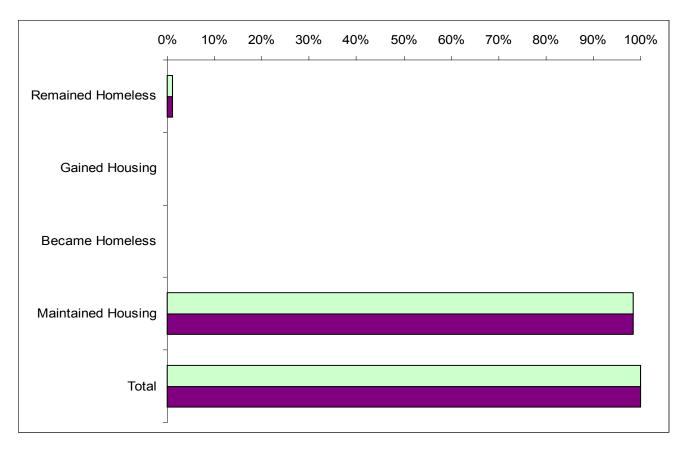
Number of children/youth outpatient service recipients who had a change in homeless status at any time during the Fiscal Year

Number of children/youth outpatient service recipients in the Fiscal Year

Discussion: This indicator shows the percentage of children/youth (0-17 years) who had a change in homeless status at some point in time during the Fiscal Year by RSN and Statewide. The rates of children who are homeless are extremely low.

- Age is calculated as January 1, for each Fiscal Year.
- ▶ Children and youth are defined as less than 18 years of age.
- Crisis services are excluded in addition to crisis hotline calls, 24-hour services, and residential services (see Data Discussion pg. 13).
- Prior to January 2002, homeless was defined by the Residential Arrangement Code found in the January 2000 Data Dictionary. If a person was listed with a code 330 (homeless) at any point in time during the Fiscal Year they were considered homeless for the purposes of this indicator.
- After January 1, 2002, homeless is defined by the Living Situation Element found in the January 2002 Data Dictionary. If a person is listed with a code of 70 (homeless) at any point in time during the Fiscal Year they are considered homeless for the purposes of this indicator.
- The RSN count shows the number of unduplicated clients within each RSN (i.e., one person is counted in each RSN in which they received services).

Outpatient Ch	Outpatient Change in Homeless Status - Children (0-17 years old)						
Outcome XX.B.	Outcome XX.B. Calc. 11/03/04 SA						
		FY02		<u>FY03</u>			
Homeless Status Change	# o f Homeless Clients in Each Group	Total Number of Clients with Two or More Living Situations Reported	% of Total with Two or More Living Situation Statuses Reported	# of Homeless Clients in Each Group	Total Number of Clients with Two or More Living Situations Reported	% of Total with Two or More Living Situation Statuses Reported	
Remained Homeless							
nomeiess	79	7,266	1.1%	94	8,039	1.2%	
Gained Housing	16	7,266	0.2%	25	8,039	0.3%	
Became Homeless	15	7,266	0.2%	13	8,039	0.2%	
Maintained							
Housing	7,156	7,266	98.5%	7,907	8,039	98.4%	
Total	7,266	7,266	100.0%	8,039	8,039	100.0%	



Appendix

Crosswalk between FY2002 PI report indicators (old indicator) and FY2003 report indicators (new indicators)

Trends in Community Outpatient Services FY 2001 - 2003

Access to Services

New Indicator	Old Indicator			
Label	Label			
I. Community Outpatient Penetration & Utilization				
Rates for the General Popula				
Access I.A.	Access I.A.			
Access I.B.	Access IV.A.			
Access I.C.	Access I.B.			
Access I.D.	Access I.B.			
Access I.E.	Access I.C.			
Access I.F.	Access IV.C.			
II. Community Outpatie Rates for the Medicaid Popu	nt Penetration & Utilization lation			
Access II.A.	Access II.A.			
Access II.B.	Access IV.A.			
Access II.C.	Access II.B.			
Access II.D.	Access IV.B.			
III. Community Inpatient Rates for the General Popula	t Penetration & Utilization			
Access III.A.	Access III.A.			
Access III.B.	Access VI.A.			
Access III.C.	Access III.B.			
Access III.D.	Access VI.B.			
Access III.E.	Access III.C.			
Access III.F.	Access VI.C.			
for the Gen	etration & Utilization Rates eral Population			
Access IV.A.	Access III.D.			
Access IV.B.	Access VI.D.			
Access IV.C.	Access III.E.			
Access IV.D.	Access VI.E.			
Access IV.E.	Access III.F.			
Access IV.F.	Access VI.F.			
V. Perception of Access Indicators	to Services MHSIP Survey			
Access V.A	Access VII.B.			
Access V.B.	Access VIII.A.			

Quality and Appropriateness of Services

VI. Client's Perception of Quality and Appropriateness MHSIP Survey Indicators		
Quality VI.A.	Quality I.A.	
Quality VI.B.	Quality II.A.	
Quality VI.C.	Quality III.B.	
Quality VI.D.	Quality IV.A.	

VII. Mental Health Care So	ettings and Coordination
Quality VII.A.	Quality V.A.
Quality VII.B.	Quality VI.A.
Quality VII.C.	Quality VI.B.
Quality VII.D.	Quality VII.A.
Quality VII.E.	Quality VII.B.
Quality VII.F.	Quality VII.A.
Quality VII.G.	Quality IX.A.
Quality VII.H.	Quality X.A.
Quality VII.I.	Quality XI.A.
Quality VII.J.	Quality XI.B.
Quality VII.K.	Quality XI.B.

Client Characteristics Status Indicators

VIII. Meaningful Activity for Community Outpatient Clients			
Outcome VIII.A	Outcome I. A.		
Outcome VIII.B.	Outcome II.A.		
	· ·		
IX. Living Situation for Comm	unity Outpatient Clients		
IX. Living Situation for Comm Outcome IX.A.	ounity Outpatient Clients Outcome III.A.		
	<u>, ' ' ' </u>		
Outcome IX.A.	Outcome III.A.		

Expenditures

X. Community Outpatient	
Expenditure X.A.	Expenditure I.A.
Expenditure X.B	Expenditure II.A.
XI. Community Inpatient	
Expenditure XI.A.	Expenditure I.B.
Expenditure XI.B.	Expenditure III.A.
XII. Direct Service Costs	
Expenditures XII.A.	Expenditures IV.A .

Access Indicators for Crisis & Outpatient Services System-Fiscal Year 2003 Only

XIII. Outpatient Only -Penetration & Utilization Rates for		
the General Population		
Outpatient Access XIII.A.	Access I.A.	
Outpatient Access XIII.B.	Access IV.A.	
Outpatient Access XIII.C.	Access I.B.	
Outpatient Access XIII.D.	Access IV.B.	
XIV. Outpatient Only Penetration & Utilization Rates for		
the Medicaid Population		
Outpatient Access XIV.A.	Access II.A.	
Outpatient Access XIV.B.	Access IV.A.	
Outpatient Access XIV.C.	Access II.B.	
Outpatient Access XIV. D.	Access IV.B.	

XV. Crisis Only -Penetration General Population	& Utilization Rates for the	
Crisis Access XV.A	Access I.A.	
Crisis Access XV.B.	Access IV.A.	
Crisis Access XV.C.	Access I.B.	
Crisis Access XV.D.	Access IV.B.	
XVI. Crisis Only Penetration & Utilization Rates for the		
Medicaid Population		
Crisis Access XVI.A.	Access II.A.	
Crisis Access XVI.B.	Access IV.A.	
Crisis Access XVI.C.	Access II.B.	
Crisis Access XVI.D.	Access IV.B.	

Quality Indicators for Crisis & Outpatient Service Systems -Fiscal Year 2003 Only

XVII.	Outpatient Quality	Quality IX.A.
XVIII.	Crisis Quality XVIII.	Quality IX.B.

Outcome Indicators for Outpatient Service Systems - Fiscal Year 2003 Only

XIX. Change in Meaningful Activity	
Outpatient Outcome XIX.A.	Outcome I.A.
XX. Change in Living Situation	
Outpatient Outcome XX.A.	Outcome III.A.
Outpatient Outcome XX.B.	Outcome IV.B.